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ABSTRACT

This Kids Count Fact Book is combined with the Families Count Fact Book to provide information on statewide trends affecting children and families in Delaware. The Kids Count and Families Count indicators have been combined into four new categories: health and health behaviors, educational involvement and achievement, family environment and resources, and community environment and resources. The Kids Count statistical profile is based on 10 main indicators of child well-being: (1) births to teens 15-17 years; (2) low birth weight babies; (3) infant mortality; (4) child deaths; (5) teen deaths by accident, homicide, and suicide; (6) high school dropouts; (7) teens not in school and not working; (8) children in poverty; (9) children in families with no parent employed full-time; and (10) children in one-parent households. Additional issues affecting children profiled in the report include: prenatal care; educational involvement and achievement; substance abuse; and asthma data. Indicators showing improvement are the teen birth rate, percent of children in poverty, and percent of children in one-parent families. Of concern are the rising numbers of low birth weight babies and the infant mortality rate. Other indicators, such as child death rate and teen deaths by accident, homicide and suicide have remained stable. The Families Count statistical profile details the conditions of families, children, and individuals in Delaware communities. Indicators include child support collections, home ownership, health care coverage, unemployment, domestic violence, and adult crime. The first part of the Fact Book details data for individual indicators; for each indicator a flag shows how the state compares to the U.S. average, and the recent state trend. The second part

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presents tables of data indicating long-term trends per indicator. (HTH)

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KIDS COUNT IN DELAWARE FAMILIES COUNT IN DELAWARE

Fact Book 2003

kids count

IN DELAWARE

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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State of Delaware
Office of the Governor

Ruth Ann Minner
Governor

Dear Friends:

As Governor, I have made improving the care, education and safety of Delaware's children my top priority and I will continue to do so. And that is why I support and believe in the KIDS COUNT/FAMILIES COUNT Fact Book.

As a mother, grandmother and most recently great grandmother, there is no question that I hold children in a special place in my heart. They are indeed our future.

Understanding the facts is the first step to being able to devise the solutions. The statistics provided in the 2003 KIDS COUNT/FAMILIES COUNT Fact Book paints a poignant picture for child advocates, lawmakers, educators, business leaders and so many others about the health and well being of Delaware's children. After all, when our children are involved there can never be too much information.

I hope you find this report helpful and informative in your continued efforts to help ensure a bright future for the children of Delaware.

Sincerely,

Ruth Ann Minner

Ruth Ann Minner
Governor

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KIDS COUNT IN DELAWARE
FAMILIES COUNT IN DELAWARE
Fact Book 2003

Funded by The Annie E. Casey Foundation,
the University of Delaware,
and the State of Delaware

kids
count
IN DELAWARE

The photographs in this book do not necessarily represent the situations described.

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- Delaware Department of Services for Children, Youth and Their Families
- Center for Applied Demography and Survey Research
- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Family and Workplace Connection
- Statistical Analysis Center

Thanks to ***Amy Cass***, Center for Drug and Alcohol Studies, University of Delaware, for survey data, and ***John Laznik***, Center for Applied Demography and Survey Research, University of Delaware, for the poverty maps.

A special thank you to the Delaware children and families featured on the cover and throughout this book.

Dedicated to the KIDS COUNT/ FAMILIES COUNT Data Committee who gather the data, knowing there are faces behind each number.

A Message from KIDS COUNT in Delaware

Children get our attention. Dressed in Halloween costumes, singing a song, sharing their art, or winning the league championship, they catch our eyes and make us smile.

But there are children we don't see, those not gathered on the playground or classroom, who also deserve our attention. These are the children with life circumstances that hinder their development. The indicators in KIDS COUNT/FAMILIES COUNT help us shape policies that make children's lives better. They are tools for accountability, a means for finding the areas most in need of intervention and for measuring the effectiveness of the solutions we implement.

KIDS COUNT in Delaware is one of fifty-one similar project throughout the United States funded by The Annie E. Casey Foundation. Through this project, housed in the Center for Community Research and Service at the University of Delaware, led by a Board of committed and concerned child advocates from the public and private sector, we bring together the best available data to measure the health, economic, educational, and social well-being of children and families. This publication represents our ongoing effort to paint a picture which will inform public policy and spur community action.

This effort joins with Governor Minner's commitment to children and families through the FAMILIES COUNT in Delaware initiative, which expands upon the ten tracking indicators of the National KIDS COUNT Data Book to look at a broad range of indicators related to children and families. This year, the newly appointed FAMILIES COUNT Committee along with the KIDS COUNT Board and Data Committee have organized the indicators into four categories: Health and Health Behaviors, Educational Involvement and Achievement, Family Environment and Resources, and Community Environment and Resources.

In the book you will also find responses from the University of Delaware's Center for Alcohol and Drug Studies yearly school surveys that include a wide range of questions about youth behaviors and habits, parental involvement, and connections to communities. We hope that incorporating these asset-based indicators into each category under the heading "Delaware Children Speak" will support Delaware's effort to create a more unified vision for youth development that helps our youth to learn, thrive, be connected, work and lead.

We at KIDS COUNT also encourage you to use the latest tool from the Casey Foundation—KIDS COUNT Online at **www.kidscount.org**. Over the past several years The Annie E. Casey Foundation and KIDS COUNT have developed a number of new and exciting features for the website.

The site aims to be the most comprehensive and user-friendly resource on the Web for data on and analyses of critical issues affecting children and families. With that goal in mind, the Casey Foundation has built a dynamic system that allows users to search and manipulate data from KIDS COUNT Data Books as well as from the 2000 Census and other sources. Not only does this system provide easy access to simple, printer-ready tables, but it also supplies users of all skill levels with tools to make graphs and maps and to download raw data files.

Data do not have feelings or personalities, but the families and children behind these number do. Behind each number is a child's life. It is our job as advocates and policy makers to connect the data with the reality of the lives of children. Together, we can have a positive and long-lasting impact on the lives of our children and, through them, the future of the state.

Steven A. Dowshen. M.D.	***Theodore W. Jarrell, Ph.D.***
Chair, Board	Chair, Data Committee

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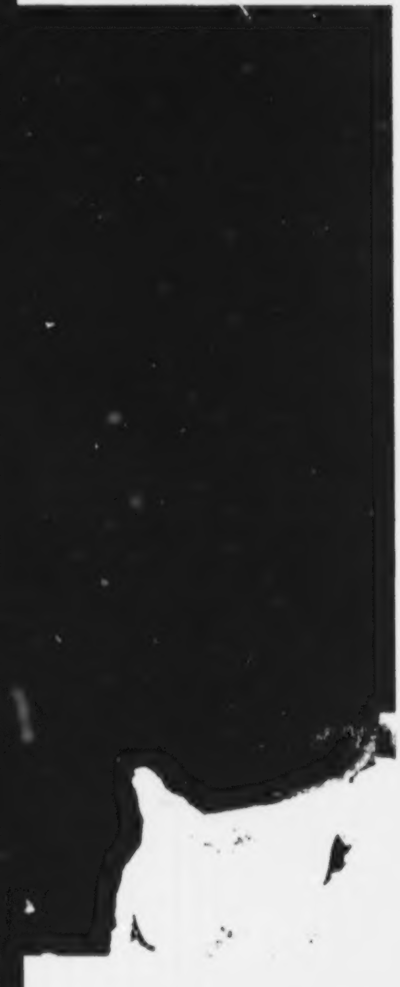
KIDS COUNT in Delaware



Welcome to the fifth edition of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware, a collaborative project of the State of Delaware and KIDS COUNT which is housed in the Center for Community Research and Service at the University of Delaware. Since 1995 KIDS COUNT in Delaware has been reporting on the status of children in the state and, working with the State of Delaware since 1998, has been monitoring the conditions of families, children and individuals in the community.

The KIDS COUNT and FAMILIES COUNT indicators have been combined into four new categories:

Health and Health Behaviors
Educational Involvement and Achievement
Family Environment and Resources
Community Environment and Resources

The ten KIDS COUNT indicators, featured in the Overview and throughout the book with a KIDS COUNT Indicator icon, have been chosen by the national KIDS COUNT project because they possess three important attributes:

- They reflect a wide range of factors affecting the well-being of children.
- They reflect experiences across developmental stages from birth through early adulthood.
- They permit legitimate comparison because they are consistent across states and over time.

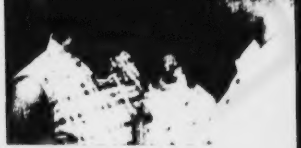
The featured indicators are:

Births to teens
Low birth weight babies
Infant mortality
Child deaths
Teen deaths by accident, homicide, and suicide
Teens not graduated and not enrolled
Teens not in school and not working
Children in poverty
Children with no parent with full-time employment
Children in one-parent families

The ten indicators used reflect a developmental perspective on childhood and underscore our goal to provide a world where pregnant women and newborns thrive, infants and young children receive the support they need to enter school prepared to learn; adolescents choose healthy behaviors; and young people experience a successful transition into adulthood. In all of these stages of development, young people need the economic and social assistance provided by a strong family and a supportive community.

In addition to the featured indicators, we continue to report on a variety of indicators, such as early care and education, prenatal care, substance abuse and asthma data based on hospitalizations which all impact the lives of children. Indicators related to educational involvement and achievement especially highlighting the results of the Delaware Student Testing Program are included in the second category, while indicators relating to families and community follow. Additional tables with more extensive information are included at the end of the Fact Book. Demographic information with maps from the 2000 census provide an overview of the changing face of Delaware.

Ultimately the purpose of this book is to stimulate debate, not to end debate by producing definitive answers. We hope this information will add to the knowledge base of our social well being, guide and advance informed discussion and help us concentrate on issues that need attention, and focus on a better future for our children and families.



Trends in Delaware

Delaware has seen improvement the three of the national KIDS COUNT indicators while two areas have declined and five have shown little change.

- The teen birth rate, percent of children in poverty and percent of children in one-parent families have all improved.
- Of concern are the rising number of low birth weight babies and the infant mortality rate.
- The child death rate, teen deaths by accident, homicide and suicide, the percent of high school dropouts and teens not attending school and not working have remained fairly stable.
- The new indicator of the percent families where no parent has full-time employment is better than the U.S. rate and remaining fairly constant.

Making Sense of the Numbers

The information on each indicator is organized as follows:

• Definition	a description of the indicator and what it means
• Impact	the relationship of the indicator to child and family well-being
• Related information	material in the appendix or in FAMILIES COUNT relating to the indicators

Sources of Data

The data are presented primarily in three ways:

- Annual data
- Three-year and five-year averages to minimize fluctuations of single-year data and provide more realistic pictures of children's outcomes
- Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons

The data has been gathered primarily from:

- The Center for Applied Demography and Survey Research, University of Delaware
- Delaware Health Statistics Center, Delaware Health and Social Services
- Department of Education, State of Delaware
- Delaware State Data Center, Delaware Economic Development Office
- Statistical Analysis Center, Executive Department, State of Delaware
- Delaware Department of Health and Social Services, State of Delaware
- Department of Services for Children, Youth and Their Families, State of Delaware
- U.S. Bureau of the Census
- National Center for Health Statistics, U.S. Department of Health and Human Services
- Delaware Population Consortium
- Family and Workplace Connection
- Division of State Police, Department of Public Safety
- Domestic Violence Coordinating Council
- Center for Alcohol and Drug Studies, University of Delaware

Sight Words

Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2003 uses the most current, reliable data available. Where data was inadequate or unavailable, N/A was used. For some data, only the decennial census has information at the county level.

Most indicators are presented as three- or five-year averages because rates based on small numbers of events in this modestly-populated state can vary dramatically from year to year. A three- or five- year average is less susceptible to distortion. It is helpful to look at trends rather than at actual numbers, rates, or percentages due to the small numbers.

Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. KIDS COUNT has used the terminology reported by the data collection sources.

Fiscal Year Data: Most data presented here is for calendar years. Where data collected by state or federal authorities is available by school calendar year or fiscal year, the periods are from September to June or July 1 to June 30, respectively.

Notes: When necessary we have included technical or explanatory notes under the graphs or tables.

Counties and Cities: Where possible, data were delineated by counties and the city of Wilmington.

In a state with a small population such as Delaware, the standard sampling error is somewhat larger than in most states. For this reason, KIDS COUNT has portrayed the high school dropout rate in two ways: the sampling size, which shows trends, and the Department of Education's dropout numbers. There is a slight variation in those two graphs due to the size of the population.

Numbers, Rates, and Percentages

Each statistic tells us something different about children. The numbers represent real individuals. The rates and percentages also represent real individuals but have the advantage of allowing for comparisons between the United States and Delaware and between counties.

In this publication, indicators are presented as either raw numbers (25), percentages (25%), or rates (25 per 1,000 or 25 per 100,000). The formula for percents or rates is the number of events divided by the population at risk of the event (county, state, U.S.) and multiplied by 100 for percent or 1,000 or 100,000 for rates.

A Caution About Drawing Conclusions

Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. KIDS COUNT encourages you to look at overall trends.

The key in the evaluation of statistics is to examine everything in context. The data challenges stereotypes — pushing us to look beyond the surface for the less obvious reasons for the numbers. Individual indicators, like the rest of life's concerns, do not exist in a vacuum and cannot be reduced to a set of the best and worst in our state.

Where county level data are presented, readers can gain a better understanding of the needs in particular segments of the state. Delaware rankings within the National KIDS COUNT Data Book can fluctuate from year to year. Therefore, it is important to look at the trends within the state and over a significant period of time. Hopefully, the graphs help to clarify that picture.

What's New This Year

This report represents the fifth edition of the combined KIDS COUNT/FAMILIES COUNT Fact Book and the eighth edition of the KIDS COUNT in Delaware Fact Book focusing on measuring child and family well-being. Over the years most key trend measures have remained consistent, but changes are made as new data become available and measures are modified to focus on particular issues. Look for these changes:

- **Percent of children in households living in families where no parent has full-time, year-round employment**

  This indicator has replaced the juvenile violent crime arrest rate as one of the ten key KIDS COUNT indicators. It is very similar to the measure called "secure parental employment" used by the Federal Interagency Forum on Child and Family Statistics. For children living in single-parent families, this means the resident parent did not work at least 35 hours per week, at least 50 weeks in the previous calendar year. For children living in married-couple families, this means neither parent worked at least 35 hours per week, at least 50 weeks in the previous calendar year.

- **New KIDS COUNT/FAMILIES COUNT Categories**
  - Health and Health Behaviors
  - Educational Involvement and Achievement
  - Family Environment and Resources
  - Community Environment and Resources

- **Delaware Children Speak**

  Responses from the University of Delaware's Center for Alcohol and Drug Studies school surveys on issues about youth behaviors and habits, parental involvement and connections to communities present a picture using a strength-based approach to healthy development. These developmental assets clearly show important roles that families, schools, congregations, neighborhoods, youth organizations, and other in communities play in shaping young people's lives.

- **Poverty Maps**

  Census tract maps created by the Center for Applied Demography and Survey Research show the number of children living in poverty based on the latest data from the 2000 census (pages 81–83). To find a more detailed description of the census tracts and blocks used in the poverty maps as well as the in the maps entitled "Where the Kids Are" (pages 15–17), use the internet site for the U.S Census Bureau's American Fact Finder.

  The American Fact Finder Reference Maps are located in the lower-right corner of the American Fact Finder Page. Select "Reference Maps." Select "Change Selections/Geography." Then select the geographic type (i.e., census tract), then state, county, and tract number. The site will create a map with street locations and landmarks.

- **Indicators on post-secondary plans and youth and gambling**

  For the first time, the Delaware Department of Education has released information on the status of the 2001 high school graduates. In contrast to questionnaires given to high school seniors immediately upon graduation, this information reports on the status of these graduates nine months later.

  We are grateful to the Center for Drug and Alcohol Studies at the University of Delaware and the Delaware Council on Gambling Problems, Incorporated for providing new data on youth and gambling. This data is new not only for Delaware but nationally, as little information has been gathered in the past on this subject at any level. We are pleased to be able to present this information in this edition of the Fact Book and look forward to further study of this issue.

- **Population of Children by Age**

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Births to Teens Page 72

Number of births per 1,000 females ages 15–17

Five year average, 1997–01: Delaware 31.4
1996–00: U.S. 30.4*

*U.S. data not available for 1997-01. 1996-00 data used for comparison.

DELAWARE COMPARED TO U.S. AVERAGE: SIMILAR

RECENT TREND IN DELAWARE: GETTING BETTER

Low Birth Weight Babies Page 24

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)

Five year average, 1996–00: Delaware 8.6, U.S. 7.5

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING WORSE

Infant Mortality Page 26

Number of deaths occurring in the first year of life per 1,000 live births

Five year average, 1996–00: Delaware 8.4, U.S. 7.1

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING WORSE

Child Deaths Page 37

Number of deaths per 100,000 children 1–14 years old

Five year average, 1996–00: Delaware 22.1, U.S. 24.2

DELAWARE COMPARED TO U.S. AVERAGE: BETTER

RECENT TREND IN DELAWARE: ABOUT THE SAME

Teen Deaths by Accident, Homicide, and Suicide Page 40

Number of deaths per 100,000 teenagers 15–19 years old

Five year average, 1996–00: Delaware 51.8, U.S. 53.2

DELAWARE COMPARED TO U.S. AVERAGE: SIMILAR

RECENT TREND IN DELAWARE: ABOUT THE SAME

High School Dropouts Page 62

Percentage of youths 16–19 who are not in school and not high school graduates

School year, 2000–01: Delaware 4.2

RECENT TREND IN DELAWARE **ABOUT THE SAME**

Teens Not Attending School and Not Working Page 64

Percentage of teenagers 16–19 who are not in school and not employed

Three year average, 2000–02: Delaware 10.2, U.S. 8.0

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **ABOUT THE SAME**

Children in Poverty Page 78

Percentage of children in poverty. In 2002 the poverty threshold for a one-parent, two-child family was $14,480. For a family of four with two children, the threshold was $18,244.

Three year average, 2000–02: Delaware 14.6, U.S. 16.4

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE **GETTING BETTER**

No Parent with Full-time Employment Page 77

Percentage of families in which no parent has full-time employment.

Three year average, 2000–02: Delaware 20.1, U.S. 23.9

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE **GETTING BETTER**

Children in One-Parent Families Page 84

Percentage of children ages 0–17 living with one parent.

Three year average, 2000–02: Delaware 33.7, U.S. 29.7

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **GETTING BETTER**

Counting the Kids: Delaware Demographics

The first data released from the 2000 Census provides a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child-centered society now than we were 100 years ago. In the United States, children accounted for 40 percent of the population in 1900, but only 26 percent in 2000. Similar trends are evident in Delaware.

Population at a Glance

	2000 Total Population	2000 Total Age 0-17	2000 Total Age 18+	2000 Total % 0-17	1990 Total Age 0-17
Delaware	783,600	194,587	589,013	24.8%	163,341
New Castle County	500,265	124,749	375,516	25.0%	106,079
Wilmington	**72,664**	**18,793**	**53,871**	**25.9%**	**17,822**
Kent	126,697	34,533	92,164	27.2%	30,174
Sussex	156,638	35,305	121,333	22.5%	27,088

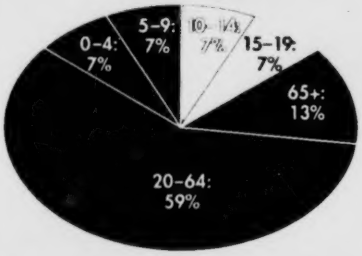
Source: 2000 Census, U.S. Census Bureau

Nationwide the number of children grew 14 percent between 1990 and 2000. Delaware experienced an increase of 19 percent, growing from 163,341 children in 1990 to 194,587 in 2000. This increase ranked Delaware as having the 11th highest percentage increase among all fifty states.

Sussex County had the largest percentage increase of children (30%), followed by New Castle County (18%) and Kent County (14%).

Total Population Estimate and Age Distribution

Delaware, 2000

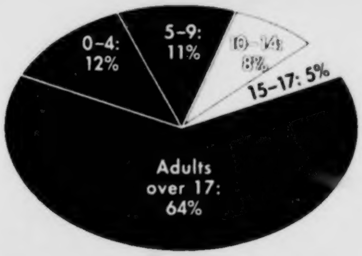


Delaware Total	783,600
Total Children 0-19	218,250
Children 0-4	51,531
Children 5-9	55,813
Children 10-14	55,274
Children 15-19	55,632

Source: Delaware Population Consortium, Population Estimates Program, Population Division, U.S. Census Bureau

Hispanic Population Estimate and Age Distribution

Delaware, 2000



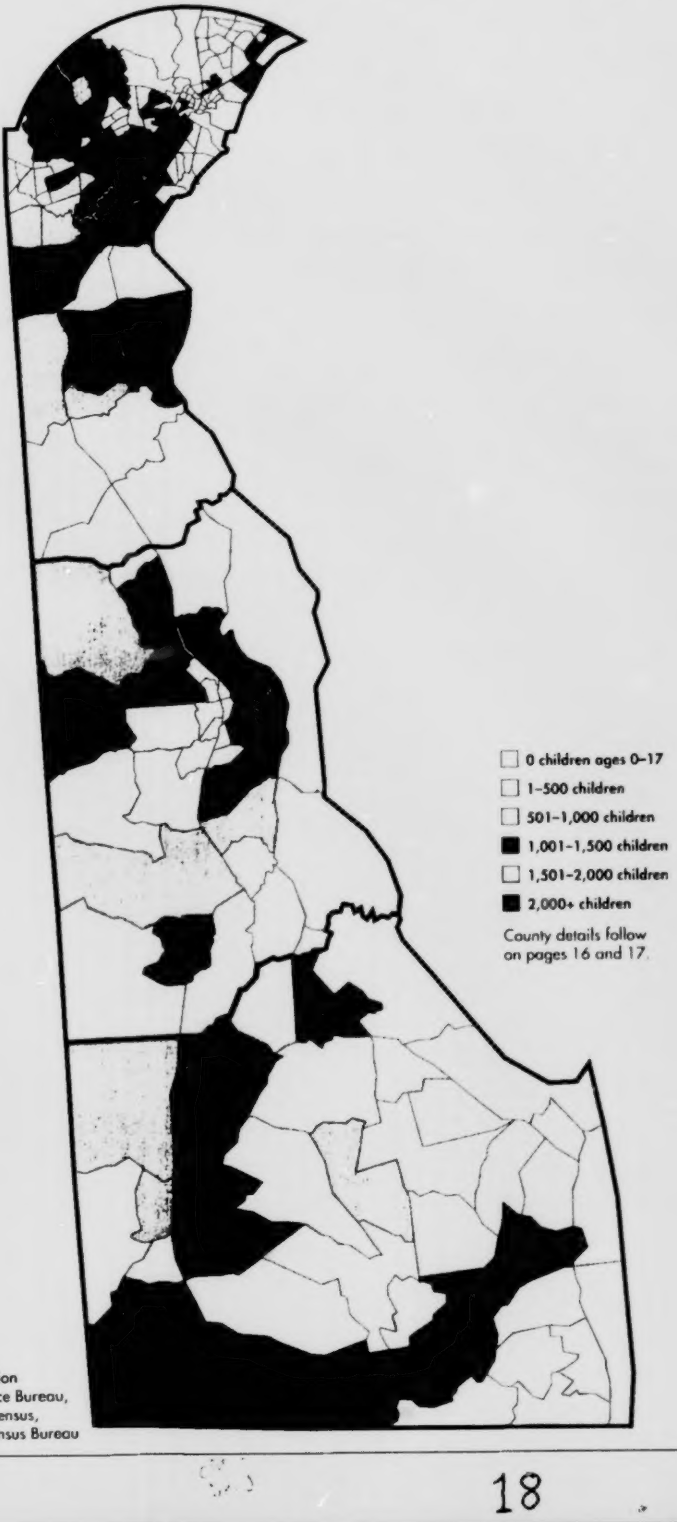
Delaware Hispanic Total	37,277
Total Children 0-17	13,565
Children 0-4	4,517
Children 5-9	3,970
Children 10-14	3,174
Children 15-17	1,904
Adults over 17	23,712

Source: Population Reference Bureau, 2000 Census

The Hispanic population in Delaware grew from 15,820 in 1990 to 37,277 in 2000, an increase of 136%. Among the counties, Sussex showed the largest percent increase at 369%. The census county divisions that showed that greatest increase were Georgetown (1536%), Selbyville-Frankford (816%), and Millsboro (670%).

Where the Kids Are

Delaware Census Tracts, 2000


☐ 0 children ages 0–17
☐ 1–500 children
☐ 501–1,000 children
■ 1,001–1,500 children
☐ 1,501–2,000 children
■ 2,000+ children

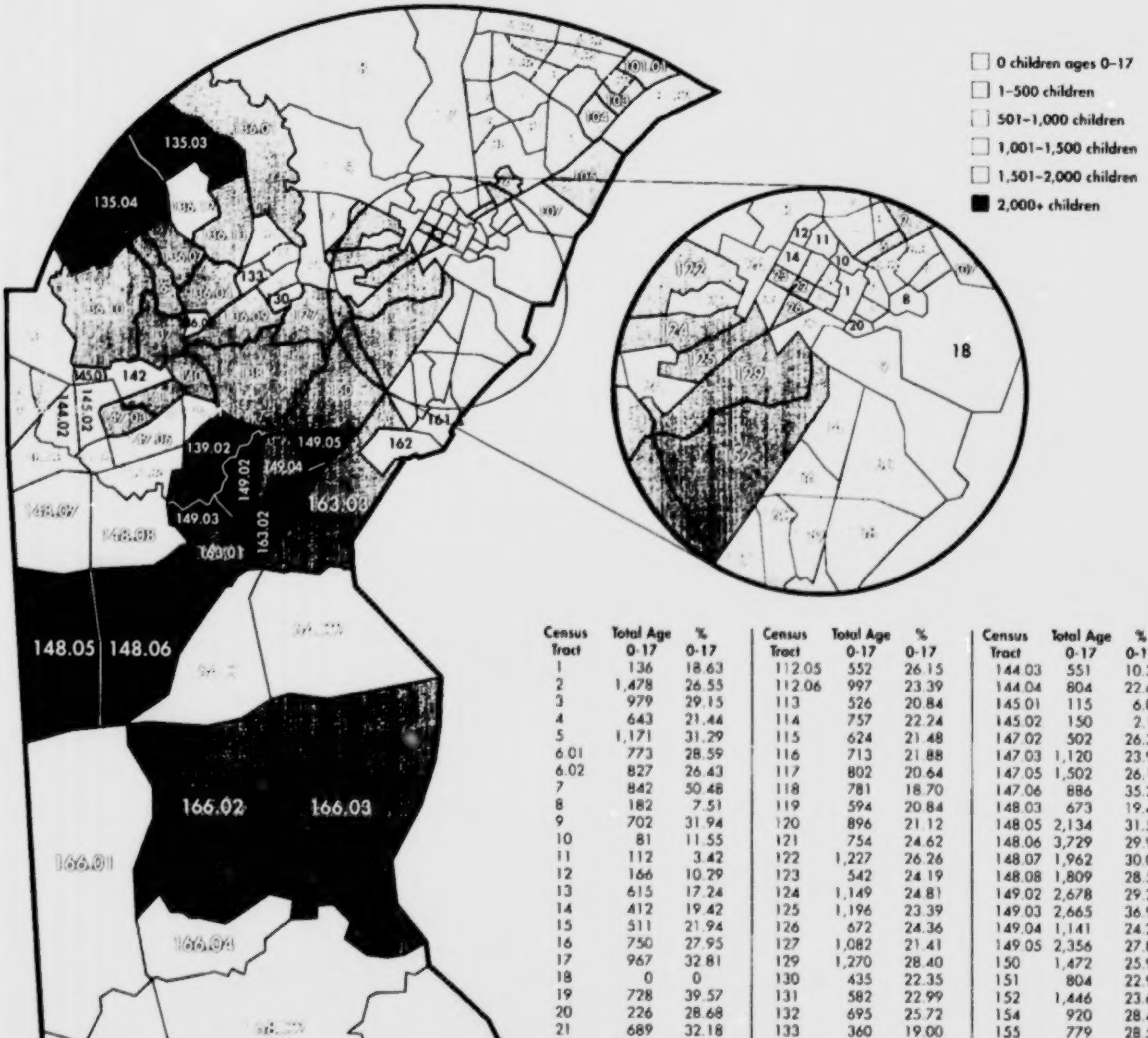
County details follow on pages 16 and 17.

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

For detailed information on census tracts and blocks: **http://factfinder.census.gov**

Where the Kids Are

New Castle County, 2000


0 children ages 0–17
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501–1,000 children
1,001–1,500 children
1,501–2,000 children
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18
124
125
129

Census Tract	Total Age 0-17	% 0-17	Census Tract	Total Age 0-17	% 0-17	Census Tract	Total Age 0-17	% 0-17
1	136	18.63	112.05	552	26.15	144.03	551	10.35
2	1,478	26.55	112.06	997	23.39	144.04	804	22.65
3	979	29.15	113	526	20.84	145.01	115	6.05
4	643	21.44	114	757	22.24	145.02	150	2.18
5	1,171	31.29	115	624	21.48	147.02	502	26.38
6.01	773	28.59	116	713	21.88	147.03	1,120	23.97
6.02	827	26.43	117	802	20.64	147.05	1,502	26.15
7	842	50.48	118	781	18.70	147.06	886	35.27
8	182	7.51	119	594	20.84	148.03	673	19.45
9	702	31.94	120	896	21.12	148.05	2,134	31.54
10	81	11.55	121	754	24.62	148.06	3,729	29.94
11	112	3.42	122	1,227	26.26	148.07	1,962	30.06
12	166	10.29	123	542	24.19	148.08	1,809	28.50
13	615	17.24	124	1,149	24.81	149.02	2,678	29.29
14	412	19.42	125	1,196	23.39	149.03	2,665	36.99
15	511	21.94	126	672	24.36	149.04	1,141	24.23
16	750	27.95	127	1,082	21.41	149.05	2,356	27.84
17	967	32.81	129	1,270	28.40	150	1,472	25.96
18	0	0	130	435	22.35	151	804	22.95
19	728	39.57	131	582	22.99	152	1,446	23.68
20	226	28.68	132	695	25.72	154	920	28.48
21	689	32.18	133	360	19.00	155	779	28.57
22	1,192	34.37	134	631	22.35	156	620	25.72
23	1,182	34.44	135.01	1,464	22.21	158	630	28.15
24	991	21.69	135.03	2,158	28.80	159	841	25.77
25	783	25.25	135.04	2,601	31.42	160	694	25.01
26	1,120	30.12	136.04	1,017	24.50	161	438	20.50
27	535	29.01	136.07	1,043	18.18	162	470	20.97
101.01	1,207	27.48	136.08	473	23.73	163.01	1,216	28.74
101.02	679	22.11	136.09	1,379	20.08	163.02	2,060	30.99
102	504	24.53	136.10	1,434	26.32	163.03	1,303	24.51
103	1,175	28.63	136.11	1,382	23.49	164.01	994	30.07
104	1,063	22.81	136.12	1,648	27.27	164.02	544	23.83
105	1,222	21.26	136.13	1,446	25.72	166.01	1,807	31.64
107	1,502	28.59	137	1,233	26.49	166.02	1,424	32.06
108	918	20.25	138	1,220	21.94	166.03	1,215	31.53
109	556	20.59	139.01	827	24.78	166.04	1,555	31.13
110	711	22.27	139.02	3,041	29.23	168.01	818	27.42
111	544	19.94	140	1,191	22.79	168.02	678	27.32
112.01	497	21.99	141	1,444	29.40	169.01	544	24.64
112.02	799	22.78	142	368	21.84	169.02	332	11.04
112.03	985	21.17	143	897	17.12			
112.04	712	20.87	144.02	398	11.85			

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

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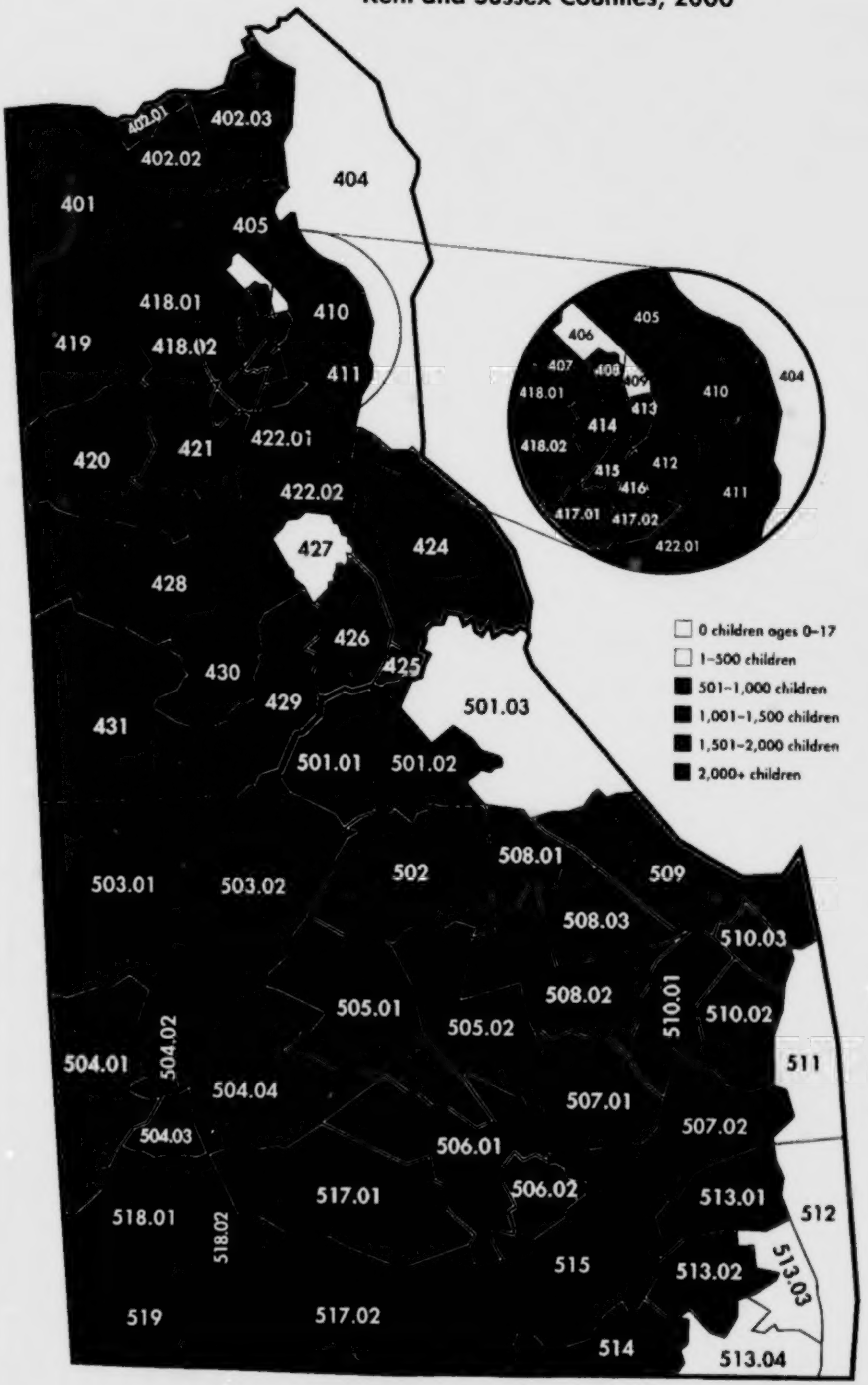
Where the Kids Are

Kent and Sussex Counties, 2000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☐ 0 children ages 0–17
☐ 1–500 children
■ 501–1,000 children
■ 1,001–1,500 children
■ 1,501–2,000 children
■ 2,000+ children

Kent County

Census Tract	Total Age 0-17	% 0-17
401	1,535	28.76
402.01	951	27.35
402.02	1,217	23.45
402.03	949	30.92
404	300	25.95
405	2,074	25.24
406	180	7.56
407	1,323	29.60
408	586	21.16
409	291	12.09
410	1,212	26.34
411	1,389	36.09
412	1,011	29.48
413	580	27.28
414	764	25.31
415	969	25.57
416	536	23.31
417.01	976	25.76
417.02	984	29.43
418.01	2,200	28.82
418.02	828	31.70
419	1,387	28.67
420	891	29.75
421	799	24.84
422.01	2,096	34.48
422.02	1,771	29.63
424	618	23.75
425	842	28.87
426	538	25.52
427	306	26.40
428	1,508	27.45
429	933	27.17
430	1,321	29.42
431	668	27.51

Sussex County

Census Tract	Total Age 0-17	% 0-17
501.01	837	25.46
501.02	2,204	27.37
501.03	471	19.81
502	812	28.91
503.01	1,591	28.10
503.02	1,108	29.15
504.01	939	28.11
504.02	1,972	24.43
504.03	833	28.00
504.04	2,326	28.68
505.01	689	24.05
505.02	1,973	22.05
506.01	862	23.28
506.02	888	23.14
507.01	653	23.68
507.02	1,483	16.02
508.01	676	25.64
508.02	804	24.17
508.03	942	20.27
509	738	14.44
510.01	973	18.58
510.02	754	14.56
510.03	741	23.55
511	235	8.26
512	431	10.34
513.01	635	16.34
513.02	553	22.53
513.03	461	16.54
513.04	460	12.04
514	820	27.78
515	1,029	24.63
517.01	906	26.38
517.02	1,194	24.72
518.01	1,092	26.31
518.02	1,150	28.81
519	1,070	26.73

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

For detailed information on census tracts and blocks: **http://factfinder.census.gov**

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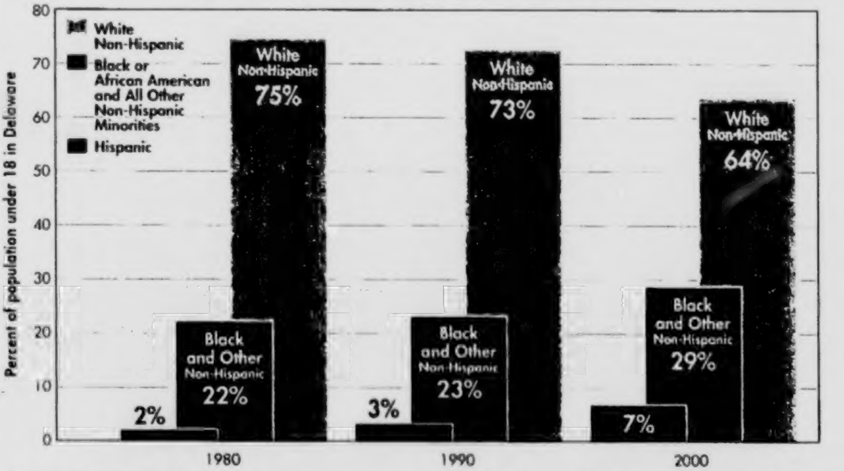
Counting the Kids: Delaware Demographics

The Changing Face of Delaware's Children

by Race and Hispanic Origin, Delaware, 1980–2000



Source: 2000 Census, U.S. Census Bureau

Note: Persons of Hispanic origin may be of any race.

Children under 18 by Race and Hispanic Origin, U.S. and Delaware

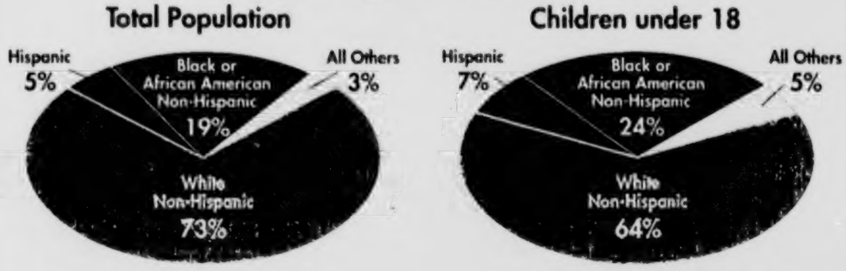
Race		1980 Number	1980 Percent of population under 18	1990 Number	1990 Percent of population under 18	2000 Number	2000 Percent of population under 18
Total Population under 18	US	63,7[illegible]4,960	100.0	63,604,432	100.0	72,293,812	100.0
	DE	166,595	100.0	163,341	100.0	194,587	100.0
Non-Hispanic White	US	47,035,526	73.8	43,807,311	68.9	44,027,087	60.9
	DE	125,376	75.3	119,582	73.2	124,918	64.2
Minorities	US	16,719,434	26.2	19,797,121	31.1	28,266,725	39.1
	DE	41,219	24.7	43,597	26.8	69,669	35.8
Black and Other Non-Hispanic	US	11,091,478	17.4	12,039,621	18.9	15,924,466	22.0
	DE	37,141	22.3	38,170	23.4	56,104	28.8
Hispanic	US	5,627,956	8.8	7,757,500	12.2	12,342,259	17.1
	DE	4,078	2.4	5,589	3.4	13,565	7.0

Note: Children who marked white and another racial category in the 2000 Census are classified as minorities. Persons of Hispanic origin may be of any race.

Source: www.aecf.org/kidscount/census, 2000 Census, U.S. Census Bureau

Delaware Population

by Race and Hispanic Origin, 2000

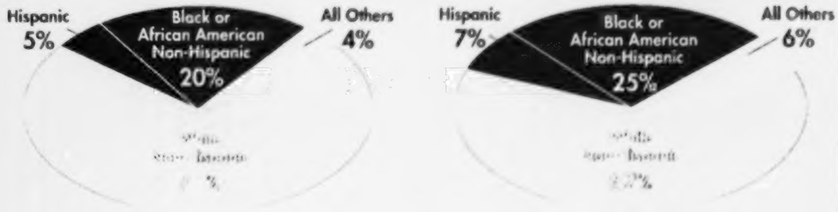


Source: 2000 Census, U.S. Census Bureau

Note: Persons of Hispanic origin may be of any race.

New Castle County Population

by Race and Hispanic Origin, 2000

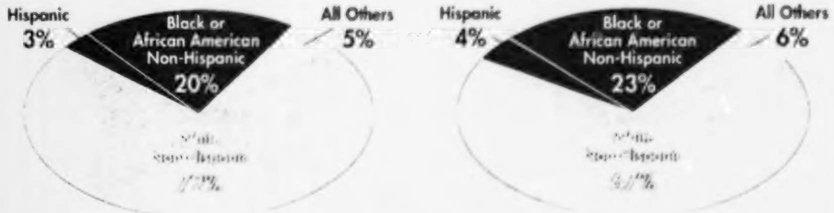


Total Population

Children under 18

Kent Population

by Race and Hispanic Origin, 2000

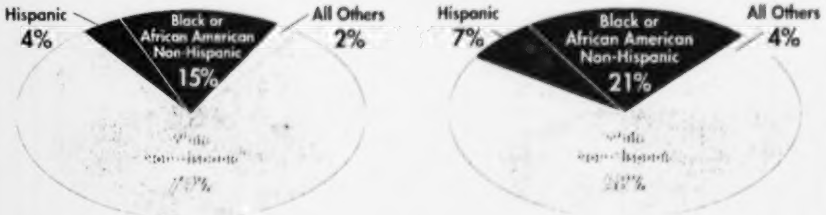


Total Population

Children under 18

Sussex Population

by Race and Hispanic Origin, 2000

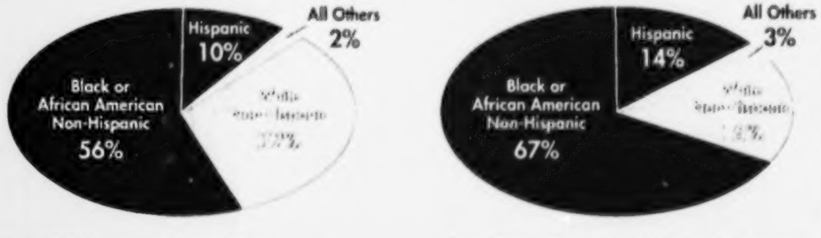


Total Population

Children under 18

Wilmington Population

by Race and Hispanic Origin, 2000



Total Population

Children under 18

Source: 2000 Census, U.S. Census Bureau

Note: Persons of Hispanic origin may be of any race.

For more information see

www.rdms.udel.edu/census
www.aecf.org/kidscount/census
www.cadsr.udel.edu/census2k
www.census.gov
www.prb.org

22

Counting the Kids: Delaware Demographics

Definitions:

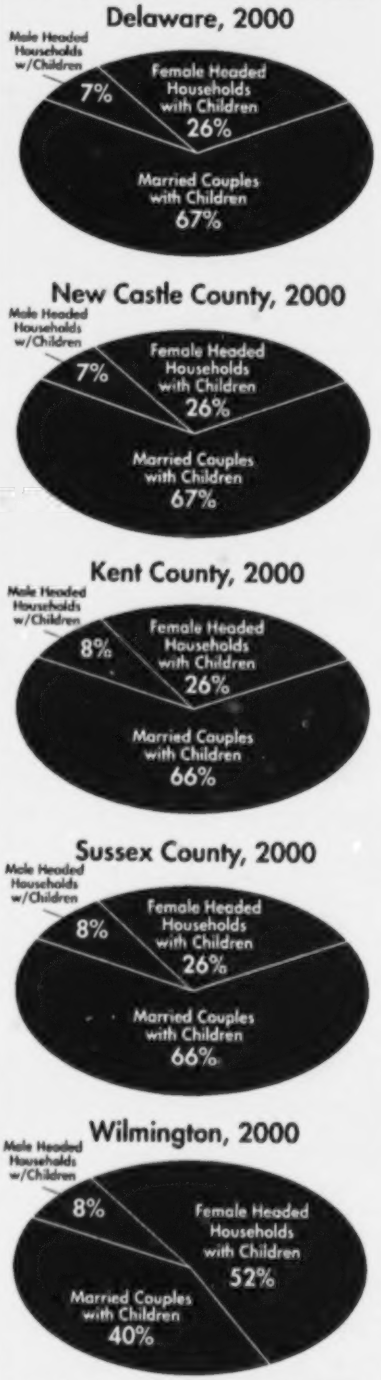
Household – A household consists of all the people who occupy a housing unit. It may be a family household or a non-family household. A non-family household consists of a householder living alone or where the householder shares the home exclusively with people to whom he/she is not related. A family household is a household maintained by a householder who is in a family and includes any unrelated people who may be residing there.

Family – A family is a group of two people or more related by birth, marriage, or adoption who are residing together.

Own Children – A child under 18 years old who is a son or daughter by birth, marriage (a stepchild), or adoption.

Related Children – All people in a household under the age of 18 who are related to the householder. Does not include householder's spouse or foster children, regardless of age.

Families with Related Children by Household Structure


Delaware, 2000

New Castle County, 2000

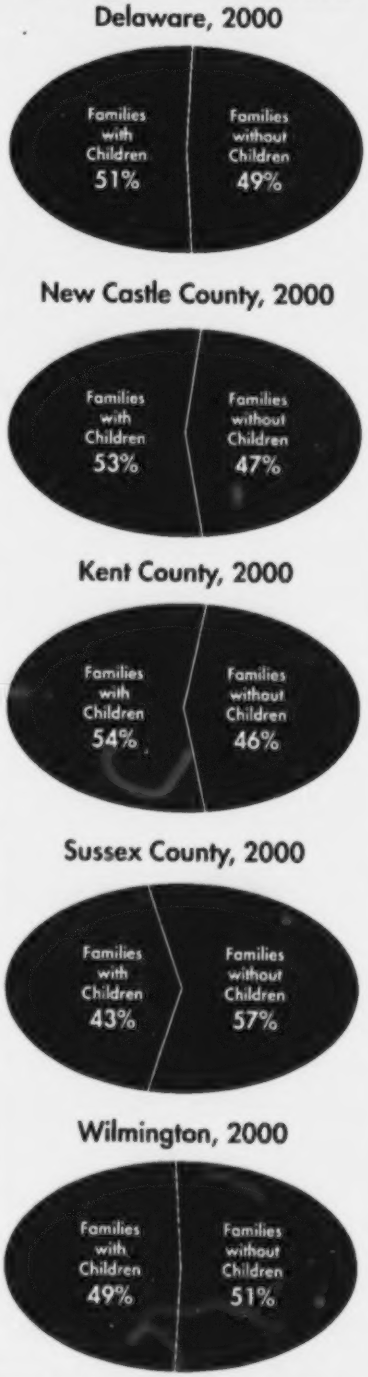
Kent County, 2000

Sussex County, 2000

Wilmington, 2000

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Families with & without Children under 18 Living in Household


Delaware, 2000

New Castle County, 2000

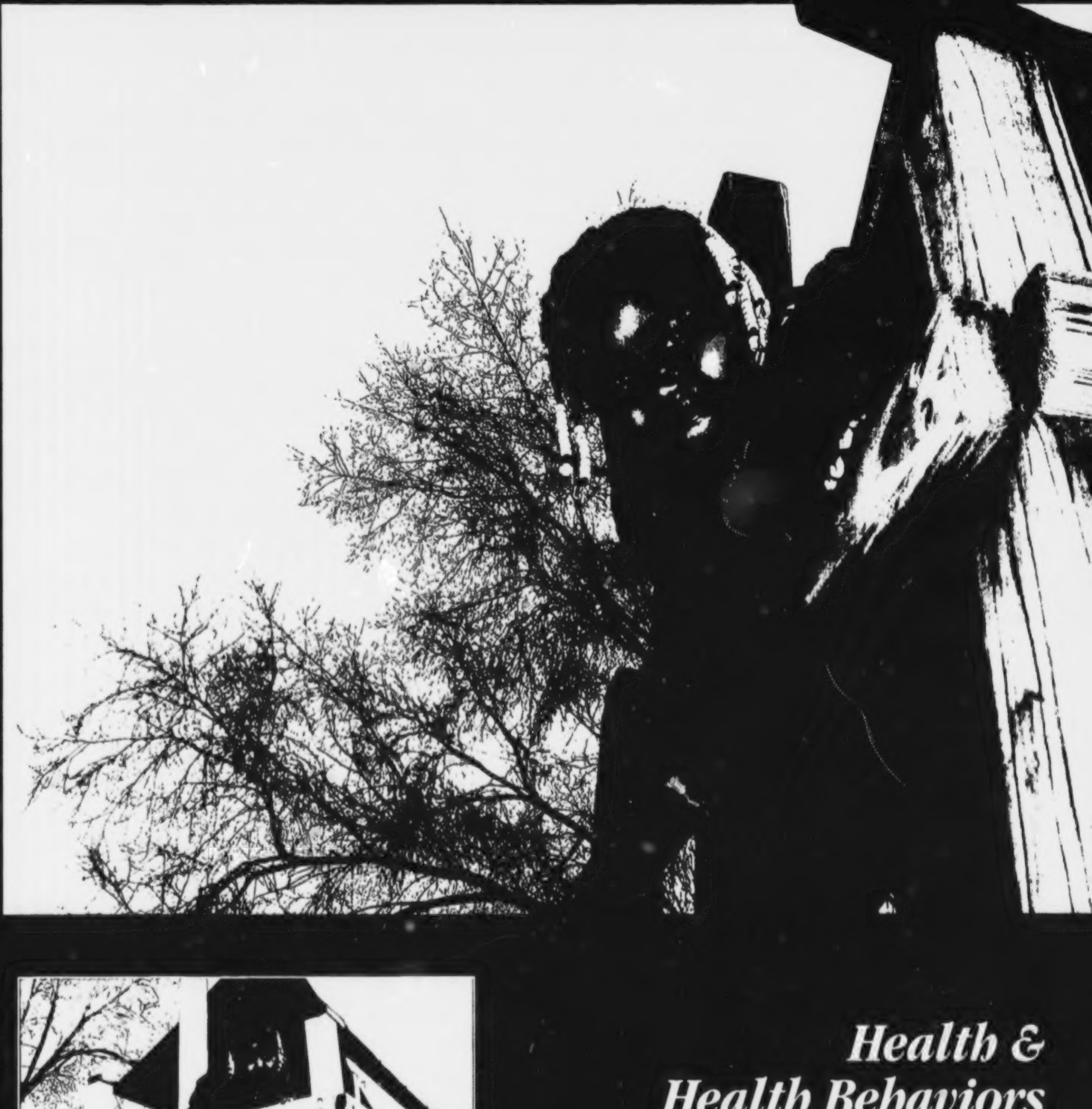
Kent County, 2000

Sussex County, 2000

Wilmington, 2000

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

23



Health & Health Behaviors

DELAWARE **COMPARED** TO U.S. AVERAGE **BETTER**

RECENT **TREND** IN DELAWARE **ABOUT THE SAME**

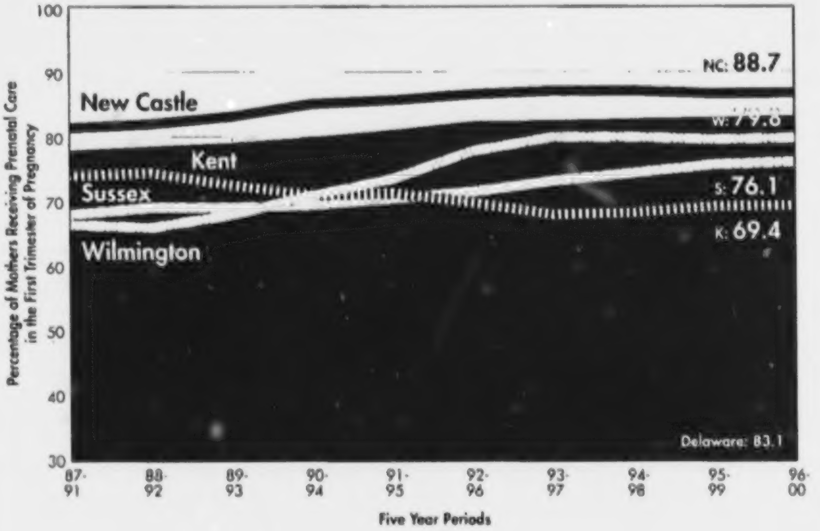
Better birth outcomes are obviously important for children to have the best start in life. Women who pursue prenatal care early in pregnancy are more likely to have better birth outcomes due to the preventative, educational, and medical interventions that occur. Women who do not receive adequate prenatal care are more likely to have low birth weight babies or infants that die within the first year of life.[1] *However, it is important to realize that prenatal care is only one of a complement of factors that can contribute to healthy birth outcomes.*

---

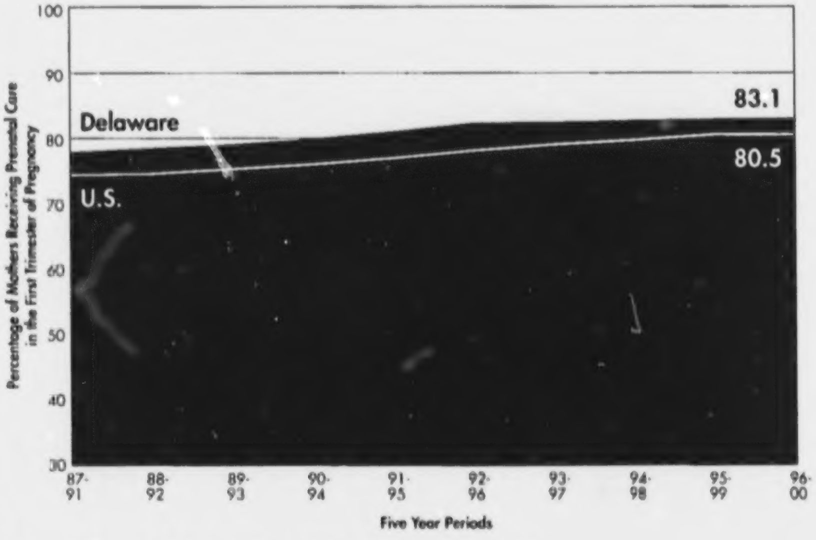
[1] Late or No Prenatal Care. *Child Trends Data Bank.* www.childtrendsdatabank.org

Prenatal Care

Delaware Compared to U.S.



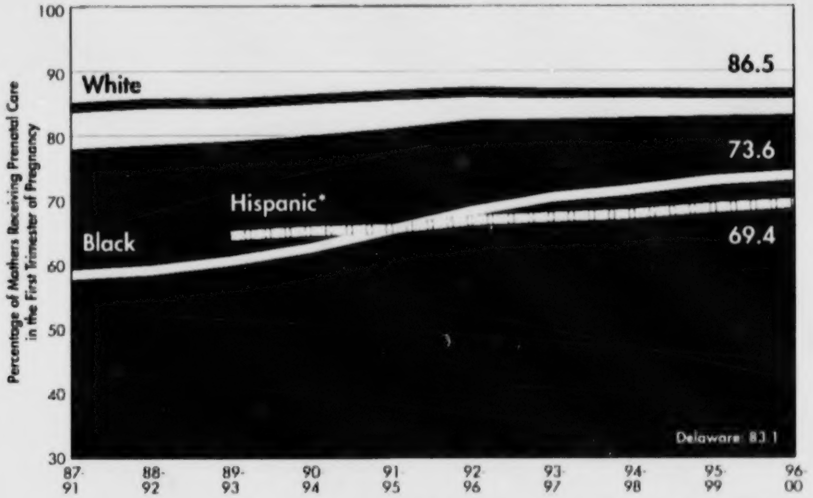
Delaware, Counties and Wilmington



Sources: Delaware Health Statistics Center, *National Center for Health Statistics

Prenatal Care

Delaware by Race and Hispanic Origin



Source: Delaware Health Statistics Center

* Hispanic data was not available before the 1989–1993 period

Did you know?

Reasonable weight gain is considered 25 to 35 pounds during pregnancy. The pounds may add up like this:

- 7.5 pounds – average baby's weight
- 2 pounds – breast enlargement
- 7 pounds – extra stored protein, fat, and other nutrients
- 1.5 pounds – the placenta
- 2 pounds – enlargement of the uterus
- 2 pounds – amniotic fluid surrounding baby
- 4 pounds – extra blood
- 4 pounds – other extra body fluids

Source: Kecskemethy, H. Eating During pregnancy. Kids Health. Available from: http://kidshealth.org/parent/nutrition_fit/nutrition/eating_pregnancy.html

put data into action

Folic acid taken by women before conception and during the early weeks of pregnancy can reduce the likelihood of neural tube defects by 70%. One study revealed that only 7% of women of childbearing age knew that they needed to take folic acid during pregnancy.

Source: Rutherford, K. Folic Acid and Pregnancy. Kids Health. Available from: http://kidshealth.org/parent/pregnancy_newborn/pregnancy/folic_acid_p2.html

put data into action

Prenatal Care

- Eat a healthy diet that includes fruits, vegetables, grains and calcium-rich foods.
- Try to be physically active for 30 minutes, most days of the week.
- If you smoke, drink alcohol, or use drugs, STOP.
- Ask your health care provider before taking any medicine.
- Avoid hot tubs or saunas and x-rays during pregnancy.
- Do not empty the cat litter when you are pregnant. It may contain a parasite that causes an infection called toxoplasmosis, which can cause birth defects.
- Don't eat uncooked or undercooked meats or fish.
- Stay away from toxic chemicals like insecticides, solvents (like some cleaners or paint thinners), lead, and mercury.
- Limit or eliminate your caffeine intake from coffee, tea, sodas, medications, and chocolate.
- Get informed. Read books, watch videos, go to a childbirth class, and talk with experienced moms.

Source: Prenatal care. The National Women's Health Information Center. Available from: http://www.4woman.gov/faq/prenatal.htm

For more information see

Tables 7-10	p. 119-122
Table 21	p. 130

www.kidshealth.org
www.marchofdimes.org
www.smartmoms.org
www.4women.gov

kids count INDICATOR

Low Birth Weight Babies

DELAWARE **COMPARED** TO U.S. AVERAGE **WORSE**

RECENT **TREND** IN DELAWARE **GETTING WORSE**

Children who are born with a low birth weight have a higher risk of dying before their first birthday and often suffer from recurrent infections or neurological and developmental problems. As time progresses, they often encounter difficulties in school, and chronic health problems.[1] *Studies show that African-American infants are two times more likely than white infants to be born at a low birth weight.*[2] *The three primary risk factors for low birth weight are mothers who smoke, have low weight before pregnancy, and/or poor weight gain during pregnancy. Up to twenty percent of cases could be avoided if mothers had not smoked. Poverty, inadequate prenatal care, pregnancy before age 16, or after 45, and being single are also associated with low birth weight and can lead to poor birth outcomes.*[3]

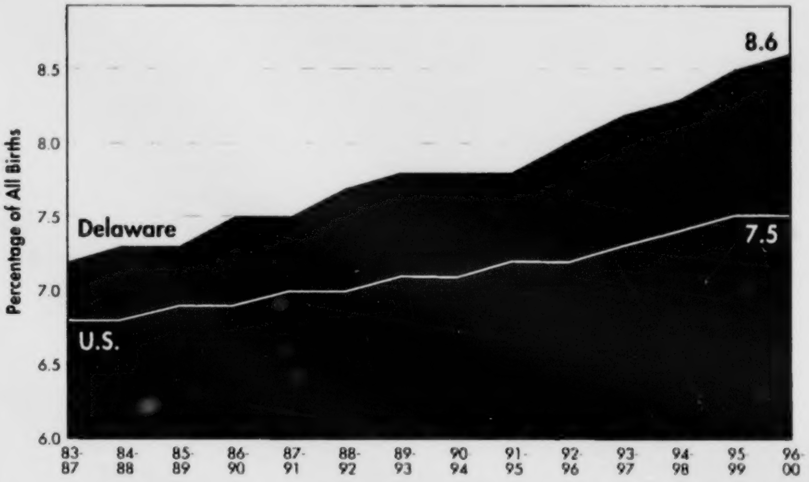
[1] Saigal, S., Hoult, L., Steiner, D., Stoskpf, B. Rosenbaum, P. (2000). School difficulties at adolescence in a regional cohort of children who were extremely low birth weight. *Pediatrics*, 105 (2).

[2] Shiono, P., Behrman, R. (1995). Low birth weight: Analysis and recommendations. *The Future of Children*, 5, (1).

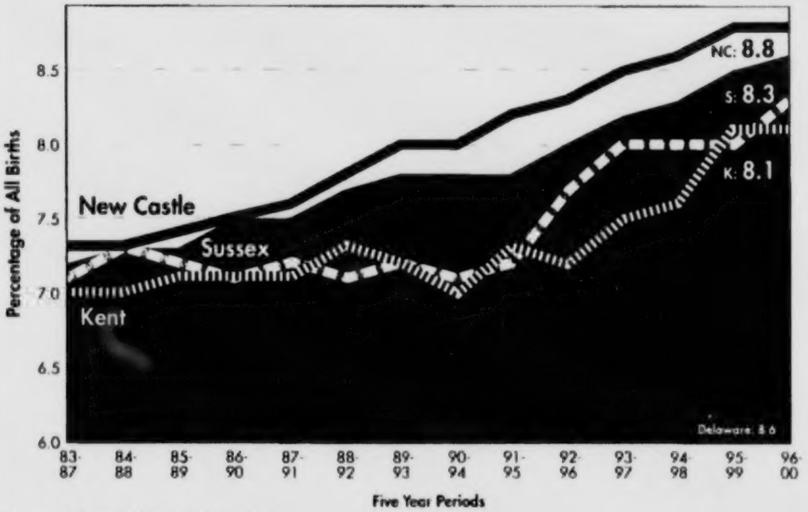
[3] Rimawi, L. (2000). *Low birth weight babies*. Available from: www.healthanswers.com

Low Birth Weight Babies

Delaware Compared to U.S.



Delaware and Counties

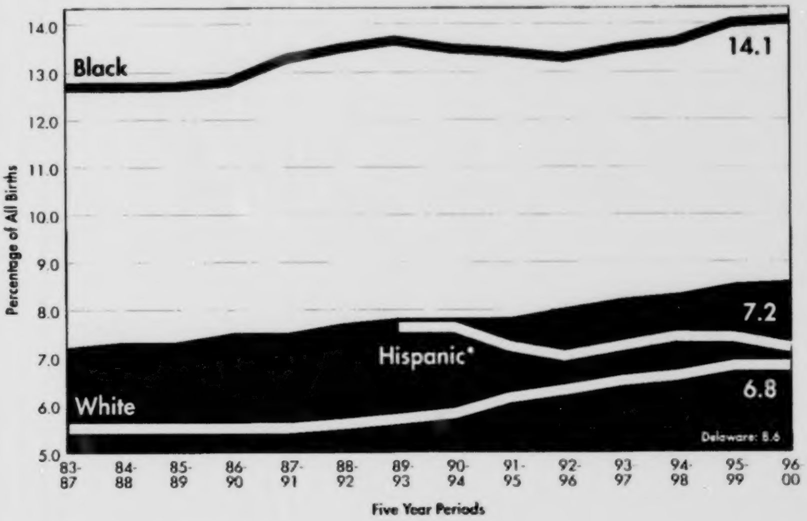


Five Year Periods

Source: Delaware Health Statistics Center

Low Birth Weight Babies

Delaware by Race and Hispanic Origin



Source: Delaware Health Statistics Center

Definitions

Infancy – the period from birth to one year

Neonatal – the period from birth to 27 days

Low Birth Weight Babies – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)

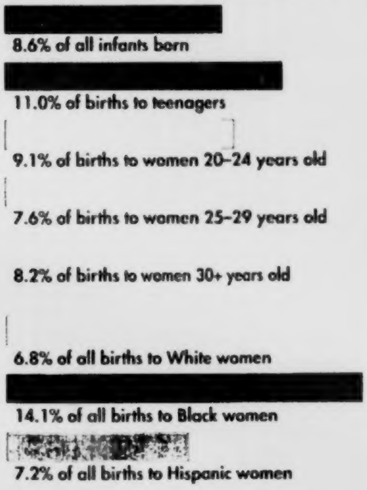
Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)

Percentage of Babies with

Low Birth Weight

(weight less than 2500 grams) by Age and Race of Mother

Low birth weight babies in Delaware represent:



8.6% of all infants born

11.0% of births to teenagers

9.1% of births to women 20–24 years old

7.6% of births to women 25–29 years old

8.2% of births to women 30+ years old

6.8% of all births to White women

14.1% of all births to Black women

7.2% of all births to Hispanic women

Delaware Average 8.6%

Five-year average percentages, 1996–2000

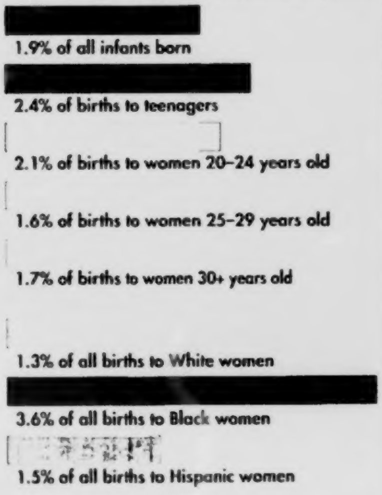
Source: Delaware Health Statistics Center

Percentage of Babies with

Very Low Birth Weight

(weight less than 1500 grams) by Age and Race of Mother

Very low birth weight babies in Delaware represent:



1.9% of all infants born

2.4% of births to teenagers

2.1% of births to women 20–24 years old

1.6% of births to women 25–29 years old

1.7% of births to women 30+ years old

1.3% of all births to White women

3.6% of all births to Black women

1.5% of all births to Hispanic women

Delaware Average 1.9%

Five-year average percentages, 1996–2000

Source: Delaware Health Statistics Center

For more information see

Tables 8-14	p. 120-125

www.marchofdimes.org

kids count INDICATOR

Infant Mortality

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **GETTING WORSE**

Leading causes of infant mortality include low birth weight, congenital anomalies, and Sudden Infant Death Syndrome.[1] Risk factors associated with high rates of infant mortality include multiple births, poverty, and mothers who are in their teens, over forty, or who have little education.[2] Infant mortality is also associated with race and ethnicity. From 1960 and 1997, the U.S. infant mortality rate dropped by 74% for white infants, compared to 32% for African American infants.[3]

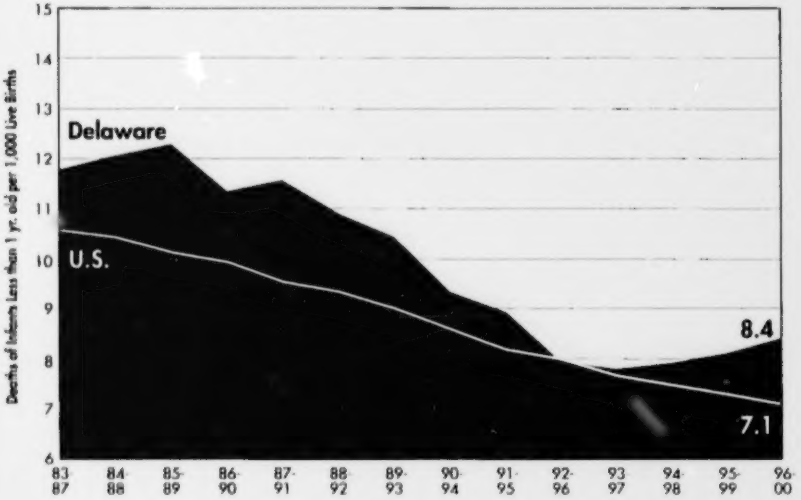
[1] *Infant mortality fact sheet.* U.S. Department of Health and Human Services. Available from: www.healthstart.net/factsheet/html

[2] New study indentifies infants at great health risk (1998). *Public Health Reports,* 113 (4).

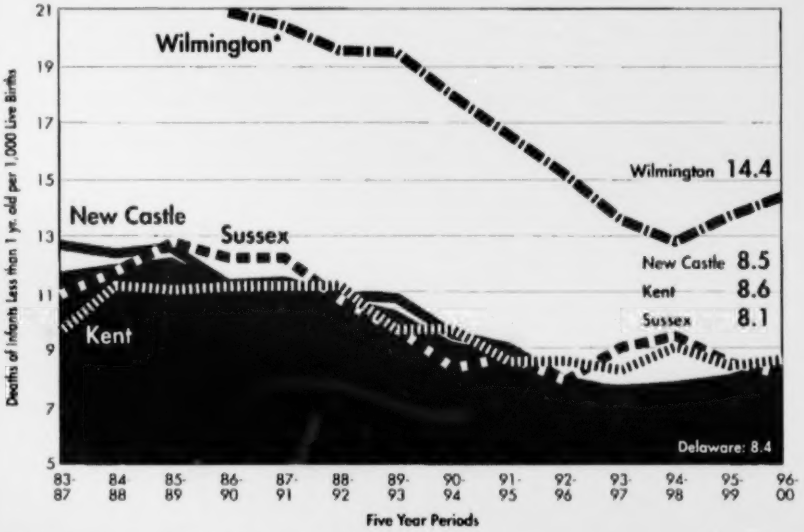
[3] U.S. Department of Health and Human Services. Office of the Assistant Secretary for the Planning and Evaluation. Trends in the Well-Being of America's Children & Youth Washington: Government Printing Office, 1999.

Infant Mortality

Delaware Compared to U.S.



Delaware, Counties and Wilmington

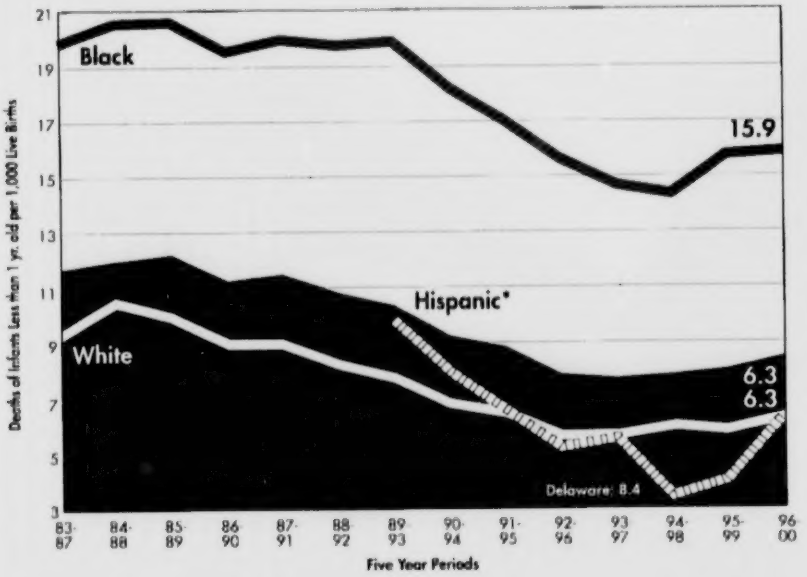


* Wilmington data not available before the 1986–1990 period.

Source: Delaware Health Statistics Center

Infant Mortality

Delaware by Race and Hispanic Origin



* Hispanic data not available before the 1990–1994 period.
Note: All rates for Hispanics are based on fewer than 20 deaths during the period and should be interpreted with caution

Source: Delaware Health Statistics Center

Definition:

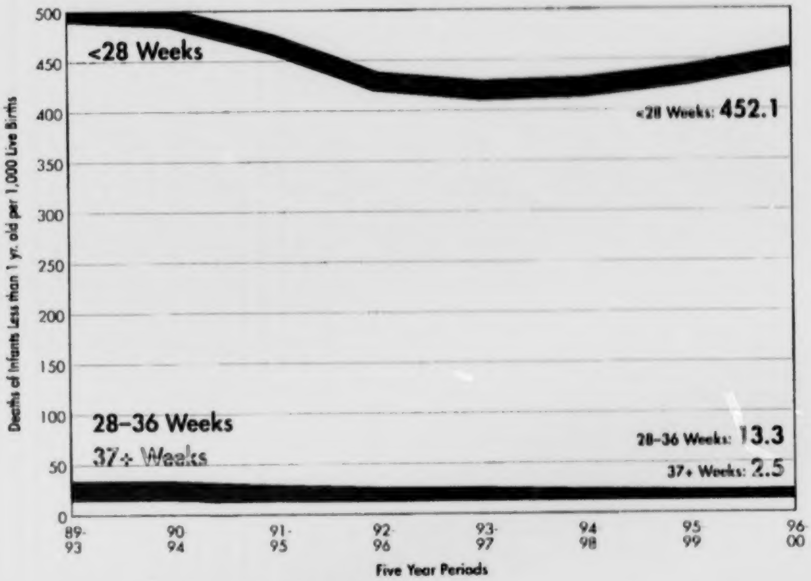
Infant Mortality Rate – number of deaths occurring in the first year of life per 1,000 live births.

Birth Cohort – all children born within a specified period of time. An infant death in the cohort means that a child born during that period died within the first year after birth.

Weeks of Gestation – the number of weeks elapsed between the first day of the last normal menstral period and the date of birth.

Infant Mortality by Gestation

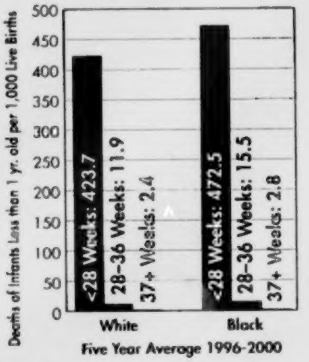
Delaware by Weeks of Gestation



Source: Delaware Health Statistics Center

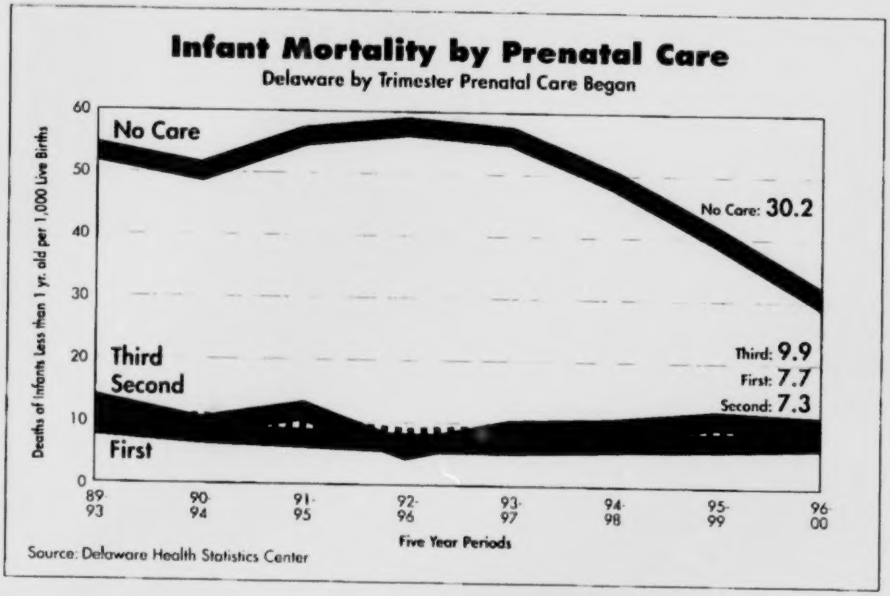
Infant Mortality in Delaware by

Gestation and Race



Source: Delaware Health Statistics Center

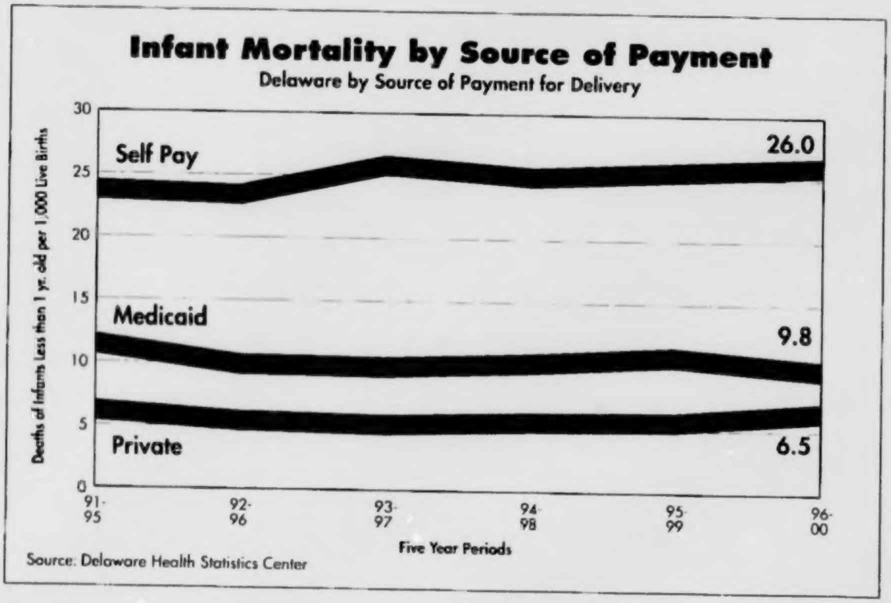
Infant Mortality



Infant Mortality by Prenatal Care

Delaware by Trimester Prenatal Care Began

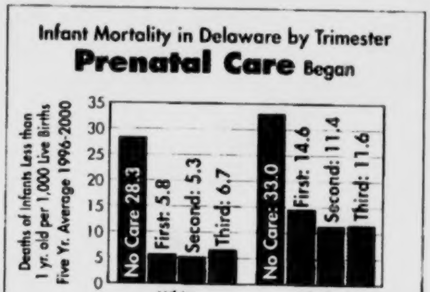
Source: Delaware Health Statistics Center



Infant Mortality by Source of Payment

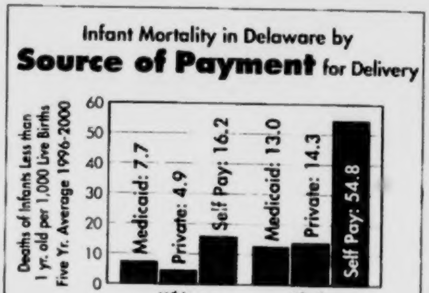
Delaware by Source of Payment for Delivery

Source: Delaware Health Statistics Center



Infant Mortality in Delaware by Trimester **Prenatal Care** Began

Source: Delaware Health Statistics Center

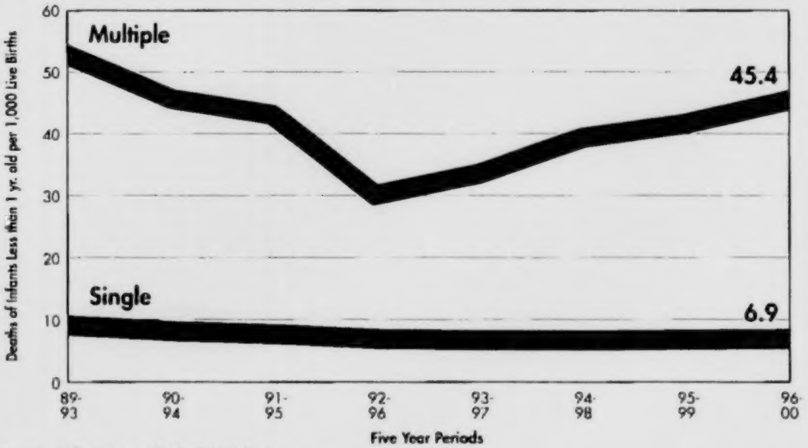


Infant Mortality in Delaware by **Source of Payment** for Delivery

Source: Delaware Health Statistics Center

Infant Mortality by Single vs. Multiple Birth

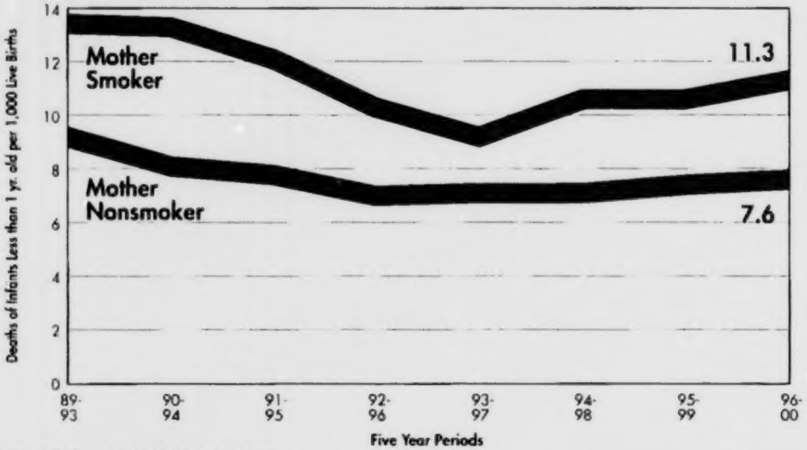
Delaware



Source: Delaware Health Statistics Center

Infant Mortality by Smoking During Pregnancy

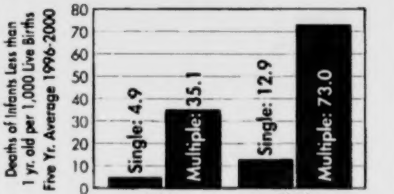
Delaware



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by

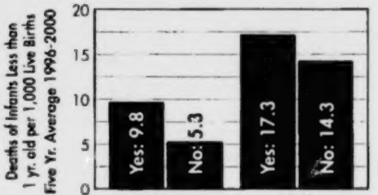
Multiple vs. Single Birth



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by

Smoking in Pregnancy



Source: Delaware Health Statistics Center

For more information see

Tables 15-23 p. 126-131

www.marchodimes.org

Children without Health Insurance

DELAWARE **COMPARED** TO U.S. AVERAGE **BETTER**

RECENT **TREND** IN DELAWARE **GETTING BETTER**

Children not covered by health insurance are less likely than those with insurance to have a regular source of health care, and are less likely than the privately insured to have been treated with prescription medicines. Furthermore, children without health insurance are more likely than others to receive late or no care for health problems, putting them at greater risk for hospitalization. Research relating lack of health insurance to health outcomes for children is mixed, though many studies find positive effects of insurance coverage on child health.[1]

There are nearly 11 million uninsured children in this country; more than six million of them are eligible for either the Children's Health Insurance Program (CHIP) or Medicaid. Both CHIP and Medicaid are health insurance programs that help provide access to health services for children. Both programs operate at the state level and have specific income guidelines and insurance benefits. CHIP represents a multimillion dollar federal investment in children's health coverage to assist families whose incomes are too high to qualify for Medicaid, but too low to afford private insurance.

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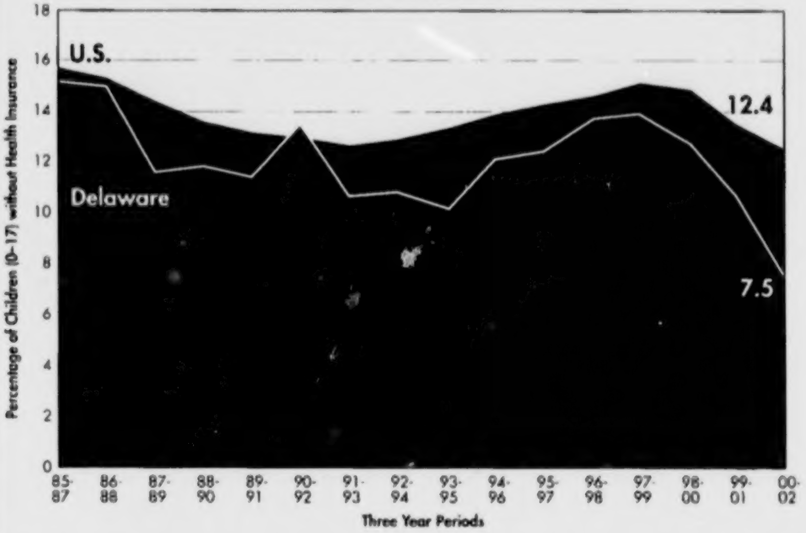
1 Children without health insurance at www.childtrendsdatabank.org/health/coverage.htm

Children without Health Insurance

Delaware Compared to U.S.

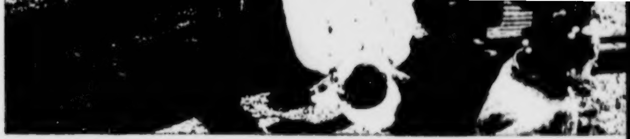


Source: Center for Applied Demography and Survey Research, University of Delaware

Did you know?

- Children's health insurance coverage comes from two major sources—private insurance companies and the government. Medicaid coverage for children increased in 2001 for the first time in four years, from 20 percent to 23 percent which is the highest level since 1995. The percentage of children with private insurance decreased in 2001 to 68 percent from 71 percent in 2000.
- Although Medicaid covers only about 23 percent of the entire population of children, it covers 62 percent of poor children.

Source: Children without health insurance at www.childtrendsdatabank.org/health/coverage.htm



Delaware Healthy Children Program

Applications and Enrollment through June 30, 2002

Applications mailed to families	12,912
Total enrolled ever	**13,241**
Total currently enrolled	3,704

There remains a close link between the Delaware Healthy Children Program (DHCP) and Medicaid. Many children transition between these two programs as their families' incomes fluctuate. Thirty-eight percent of the disenrollments are children who are no longer eligible for DHCP or Medicaid. Reasons include increases in income, moving out-of-state, children covered by private insurance (for DHCP only), or the insured child reaches the age of 19.

put data into action

Children of color, particularly children of immigrants, are most likely not to have health insurance. Many immigrants fear that applying for health insurance in the United States for their children could affect their immigration status.

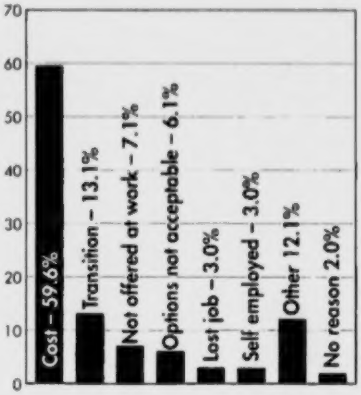
However, some states, including Delaware, have taken very progressive actions toward working with immigrant populations around the issue of child health coverage. For example, New Mexico (through the Covering Kids contractors) entered into an agreement with Immigration and Naturalization Services (INS), that allows Medicaid staff to provide Medicaid training for INS staff. Additionally, INS does public service announcements in Spanish on public policy to help alleviate immigrant mistrust of government agencies.

In Delaware, application forms for both Medicaid and the Delaware Healthy Children Program have been revised to contain a statement that alien verification information will not affect immigration status or lead to deportation.

Source: Report for HHS "Enrolling and Retaining Low-Income Families and Children in Health Care Coverage. August 2001.

Did you know?

Reasons for Lack of Insurance



Cost is the overwhelming reported cause of lack of insurance for children. But two-in-five respondents without insurance for their children said the cause was related to a personal transition (just moved, in-between jobs, in process of signing up), lack of access to insurance from employer (including self-employed), unacceptability of available plans, and other miscellaneous reasons.

Source: www.careforall.net

For more information see

Table 24	p. 131
Table 64	p. 152

www.childrensdefense.org

www.state.de.us/dhss/dss/healthychildren.html

34

DELAWARE **COMPARED** TO U.S. AVERAGE **BETTER**

RECENT **TREND** IN DELAWARE **GETTING BETTER**

Immunizations are critical for protecting children from deadly, but preventable diseases. By age 2 years, it is recommended that children be vaccinated against a number of infectious diseases including: measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, Hemophilus influenza B, varicella, hepatitis, B, and Pneumococcus.[1] *Without immunization, children are at risk of contracting disease and spreading it through the population. Approximately ten dollars are saved on medical costs for every dollar spent on immunizations.*[2]

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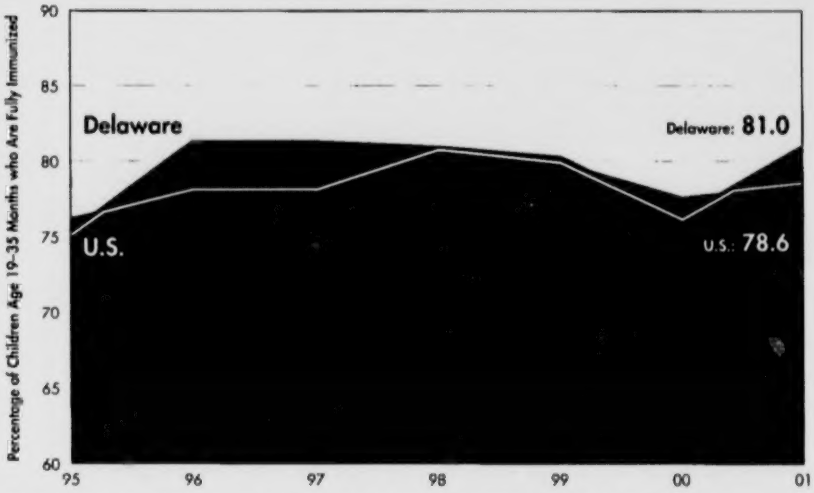
[1] Center for Disease Control. Available from: www.cdc.gov/nip/publications/fs/gen/shouldknow.htm

[2] 2000 Rhode Island KIDS COUNT Factbook.

Child Immunizations

Delaware Compared to U.S.



Sources: Centers For Disease Control and Prevention; Delaware Department of Health and Social Services

put data into action

Follow the Guidelines for Immunization

Birth	Hep B
1–4 months	Hep B
2 months	DTP, HiB, IPV, PCV
4 months	DTP, HiB, IPV, PCV
6 months	DTP, HiB, PCV
6–23 months	Influenza
6–18 months	Hep B, IPV
12–15 months	HiB, MMR, PCV
12–18 months	Var
15–18 months	DTP
4–6 years	DTP, MMR, IPV
11–12 years	Td

Source: Immunization schedule. KidsHealth www.kidshealth.org/parent/ general/body/ vaccine_p9.html

Did you know?

Through the Vaccines For Children program, Delaware distributes 120,000 vaccine doses each year to health care providers who administer the free immunizations to approximately 25,000 children. Nearly 300 health care providers — most pediatricians in the state — participate in the program.

New combination vaccines that can reduce the number of shots necessary to immunize a child are being tested and released as they obtain FDA approval.

Source: Public Health covers cost of vaccines for under-insured children. Press Release September 17, 2001 Delaware Health and Social Services.

For more information see

Table 25 p. 132

www.kidshealth.org

35

Women and Children Receiving WIC

WIC provides low-income pregnant women and their children with supplemental nutritious foods, nutrition education and counseling, screening and referrals to other health, welfare and social services at WIC clinics.[1] *Evaluation shows that WIC reduces infant mortality, low birth weight babies, and improves nutrition in pregnant women. It also has been shown to help in the educational and physical development of children, giving them an advantage when they begin school.*[2]

[1] WIC at a Glance. FNS Online. Available from: www.fns.usda.gov/wic/ProgramInfo/WICataglance.htm

[2] How WIC Helps. FNS Online. Available from: www.fns.usda.gov/wic/ProgramInfo/howwichelps.htm

WIC Program
Average Number Served per Month
Delaware, 1996, 1999, 2000, and 2001*

	1996	1999	2000	2001
Infants	4,414	4,529	4,693	4,857
Children 1–4	8,353	7,409	7,690	8,156
Mothers	3,230	3,336	3,461	3,535

*Federal Fiscal Years
Source: Division of Public Health, WIC Office

WIC Program
Total Number Served
Delaware, 2001

In federal fiscal year 2001, **20,832** infants and children were served by WIC in Delaware.

Approximately **54%** of all infants born in 2001 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

Did you know?

- The average WIC package costs between $32.45 and $46.20
- 7.6 million participated per month in 1998, including 3.7 million children.
- WIC has reduced low birth weights by 25%, and very low birth weights by 44%.
- For every dollar spent on WIC, there is a $3.50 savings in medical costs.

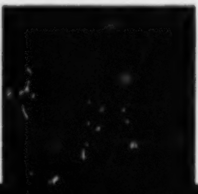
Source: Oliveira, V., Gunderson, C. (1999). WIC and the nutrient intake of children. Economic Research Service, USDA.

put data into action

Toll free Delaware specific
WIC information:
1-800-222-2189

Delaware Health & Social Services
Division of Public Health
WIC Program
Blue Hen Corporate Center
655 Bay Road, Suite 4-B
Dover, DE 19901

Federal Food and Nutrition Service
http://www.fns.usda.gov/wic



For more information see
Table 36 p. 138
www.fns.usda.gov/wic

Childhood Asthma

Asthma is one of the most common chronic childhood medical conditions, affecting more than 4.4 million children. It is a respiratory disorder that causes recurrent episodes of whiizing, breathlessness, chest tightness, and cough. Asthma can be triggered by exposure to cigarette smoke, stress, allergy to dust, molds, pollen, animal dander, and cockroaches, indoor and outdoor pollutants, and weather conditions. Asthma causes limitations in childhood activities, missed school days, missed workdays for caretakers, and, in some cases, premature death. Children with asthma us a disproportionate amount of health care services, including more than twice as many emergency room visits and three and a half times as many hospitalizations as children without asthma.[1] *Racial and economic disparities are apparent in both the number of hospital and emergency room visits attributable to asthma, as well as deaths from asthma. Emergency room and hospitalization rates for asthma are higher for black children than for white children, particularly those under age 5. Among non-Hispanic children aged 5 to 14, black children are five times more likely to die from asthma than white children.*[2]

Asthma has reached epidemic proportions in preschool children (160% increase) and has increased by 175% in school-aged children. The number of child deaths related to asthma has nearly tripled over the last 15 years.[3] *Medical evidence shows that with consistent treatment at home and in school, asthma attacks can be prevented and hospitalizations can be avoided. Managing asthma requires a long-term multifaceted approach, including patient education, behavior modification, avoidance of asthma triggers, medication to prevent and control symptoms, prompt treatment of flare-ups, and frequent medical follow-up.*

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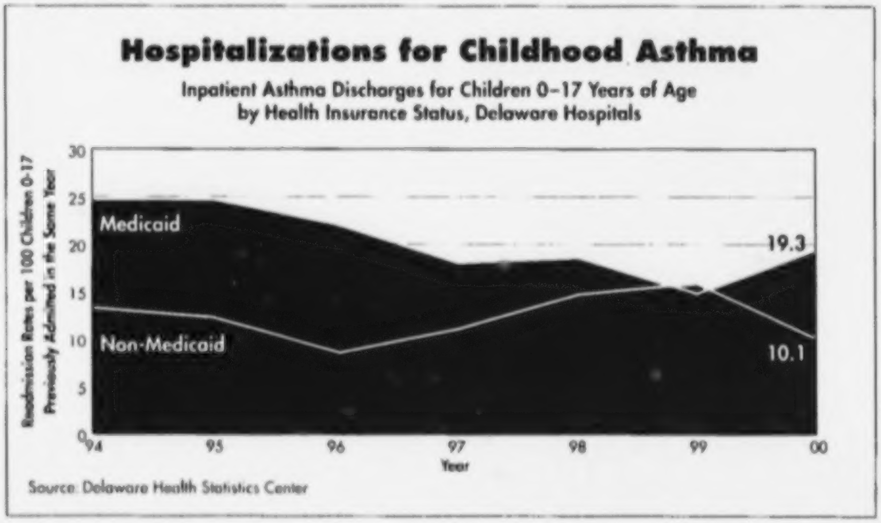
[1] America's Children: Key National Indicators of Well-Being, 2001

[2] "Asthma is a Growing Problem, Particularly Among Low-Income and Minority Children." Available from: www.childrensdefense.org

[3] Asthma and Allergy Foundation of America. Childhood Asthma Available from: www.aafa.org



Hospitalizations for Childhood Asthma

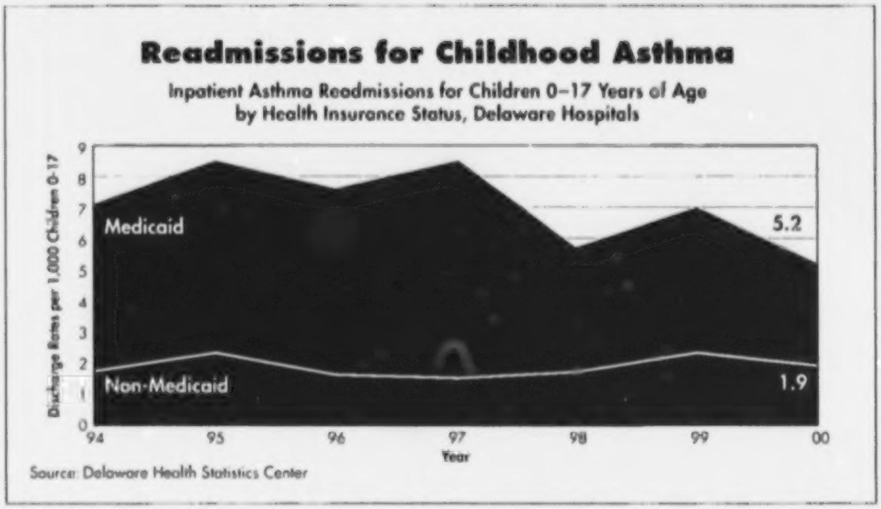
Inpatient Asthma Discharges for Children 0–17 Years of Age by Health Insurance Status, Delaware Hospitals

Source: Delaware Health Statistics Center

Did you know?

- In Delaware, asthma affects almost 14,000 children.
- According to a survey conducted by the University of Delaware and the American Lung Association of Delaware, most respondents (77%) indicated they did not have asthma education programs in their schools.

Source: *Journal of School Health* Sept. 1998 v68 n7 p276(6)



Readmissions for Childhood Asthma

Inpatient Asthma Readmissions for Children 0–17 Years of Age by Health Insurance Status, Delaware Hospitals

Source: Delaware Health Statistics Center

Definition:

Readmissions – Number of asthma inpatient hospital admissions for children 0–17 who had previously been discharged with a diagnosis of asthma in the same year

Discharge Rate – Number of inpatient asthma discharges for children 0-17 per 1,000 children in the same age group

Readmission Rate – Number of inpatient asthma readmissions for children 0-17 per 100 children previously admitted in the same year

The graphs show the Delaware hospitalization data for childhood asthma from 1994 to 2000. Total asthma hospitalizations and the rate for children have remained fairly stable during this period. However, these data indicate that Delaware Medicaid children continue to suffer excess asthma morbidity as indicated by a rate approximately 2-3 times greater than that of non-Medicaid children.

put data into action

Help Asthmatic Kids in Your Community...

Building public awareness and understanding about asthma increase the likelihood that more children will receive the proper care needed. Because many asthmatic children lack the support system necessary to manage their own conditions, it is important that parents, teachers, and neighbors understand the challenges these children face such as taking daily medications and reducing exposure to elements that aggravate their conditions. Here's what you can do today to help children in your community and prevent more children from developing asthma:

- Support educational programs focused on asthma for health care providers and other community members, child care providers and school nurses.
- Are there asthma education programs in your community? Find out by calling the American Lung Association of Delaware or the duPont Hospital for Children. Even if your knowledge about asthma is limited, call and volunteer.
- Promote public awareness about the symptoms, causes and management of asthma.

Did you know?

A recent article in *Pediatrics* indicates that bottle-feeding babies of allergic parents in the bed or crib before laying a baby down to sleep in his/her first year has been linked to asthma and wheezing in the first five years of life.

According to the study, feeding in the crib increases the risk of asthma by fifty percent for children with a family history of asthma or allergies. The reason why bottle-feeding in the crib may lead to childhood asthma may be because babies who lie down during, or right after, a big meal can experience reflux (liquid coming back up the esophagus). That can irritate the airway and might lead to wheezing or asthma later. There was no increased risk for breast-fed children, possibly because they drink a smaller amount of milk and don't eat lying down.

Source: *PEDIATRICS* Vol. 110 No. 6 December 2002, pp. e77.

For more information see

Tables 26-27	p. 132-133

www.kidshealth.org

www.childasthma.com

www.lungusa.org/asthma/ascchildhoo.html

RECENT TREND IN DELAWARE **GETTING BETTER**

Lead poisoning refers to finding high levels of lead in the blood. People can get lead in their body from breathing or swallowing lead dust or by accidentally eating soil or paint chips that contain lead.[1] *Lead is more dangerous for children because their bodies absorb more lead and are more susceptible to harm. Children with lead poisoning may have damage to their central nervous systems, reproductive systems, kidneys, and/or blood cells.*

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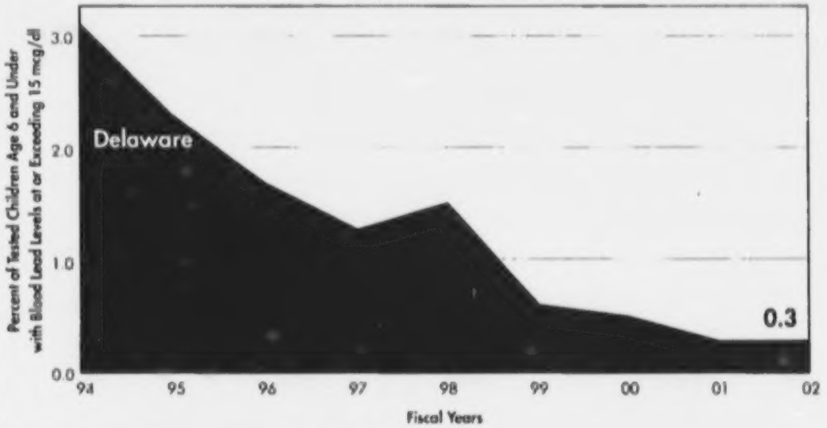
[1] Hwang, M. Y. (1999) Protect your child against lead poisoning. *The Journal of the American Medical Association, v281 i24 p2406*

Lead Poisoning

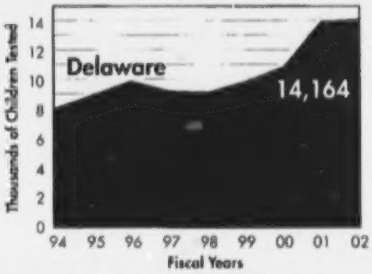
Delaware



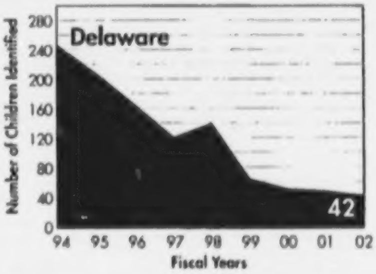
Source: Delaware Department of Health and Social Services

Lead Poisoning

Number of Children Tested in Delaware



Number of Children Identified in Delaware



Source: Delaware Department of Health and Social Services

put data into action

To Protect Your Family From Lead Poisoning

- Have your home tested for lead paint if it was built before 1978. [1978 is the year in which the US government banned lead-based paint from housing.]
- Ask your child's doctor, or health department if your child should be tested for lead.
- Your drinking water could be contaminated by some pipes that have lead lining. Call your local health department to find out about testing your water for lead.
- All family members should wash hands often, especially before eating.
- Feed your child nutritious meals high in calcium and iron because children who eat a good diet absorb less lead.

Source: The Journal of the American Medical Association, June 23, 1999 v281 i24, p2406

For more information see

Table 28 p. 133

www.aeclp.org

kids count INDICATOR

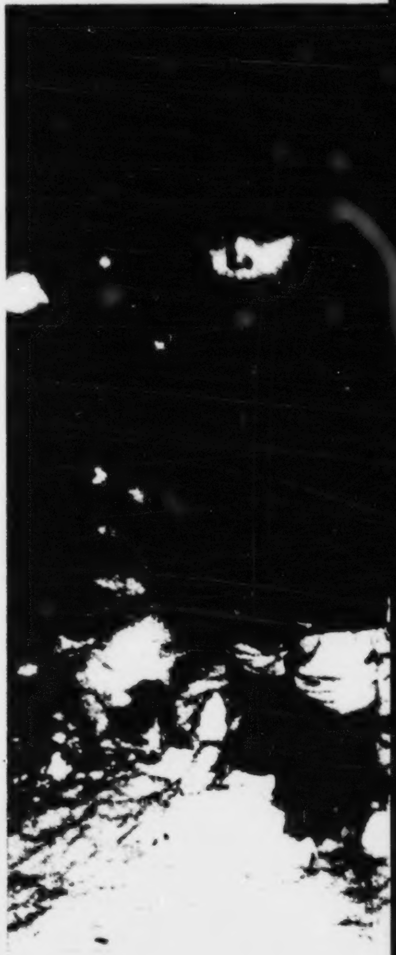
Child Deaths

Children 1–14 Years of Age

DELAWARE **COMPARED** TO U.S. AVERAGE **BETTER**

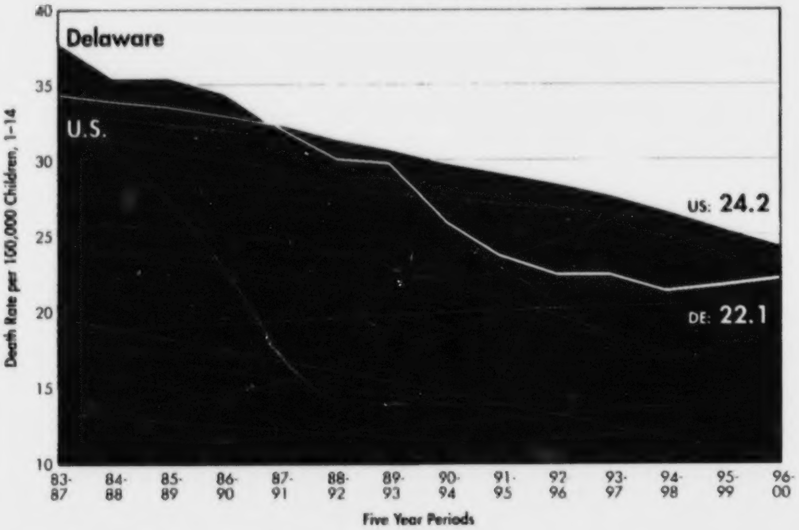
RECENT **TREND** IN DELAWARE **ABOUT THE SAME**

The child death rate measure provides information pertaining to the health status of children and the risk factors to which they are exposed such as poverty, lack of education, inadequate prenatal care, lack of health insurance, low birth weight, substandard living conditions, substance abuse, child maltreatment, and lack of adult supervision. Child deaths are the results of either health condition(s) or injuries. Injuries that do not result in death may leave children disabled, result in time lost from school, or decrease the child's ability to participate in activities. Children who live in poverty are two times more likely to die from an injury and three times more likely to die from illness than children who do not live in poverty.



Child Deaths

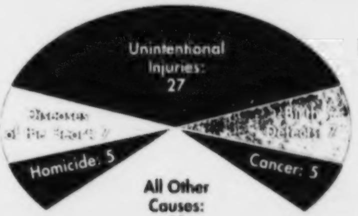
Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

Causes of Death of Children 1-4

Delaware, 1996–2000

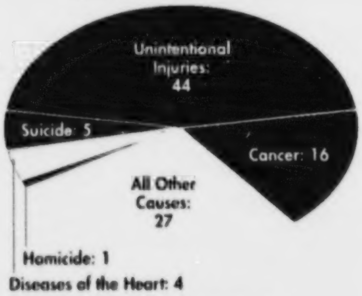


Total Number of Deaths in five-year period: 69 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5-14

Delaware, 1996–2000



Total Number of Deaths in five-year period: 97 Children

Source: Delaware Health Statistics Center

Definitions:

Child Death Rate – number of deaths per 100,000 children 1-14 years old

Unintentional Injuries – accidents, including motor vehicle crashes

Child Deaths

Children 1–14 Years of Age

Injuries are the leading cause of death for Delaware children ages 1–19. From 1979 to 1998, more children died from injuries in Delaware than all other causes of death for their age. Injuries accounted for over 58 percent of all deaths in children 1–19 years of age; 45 percent of all deaths were from unintentional injuries.

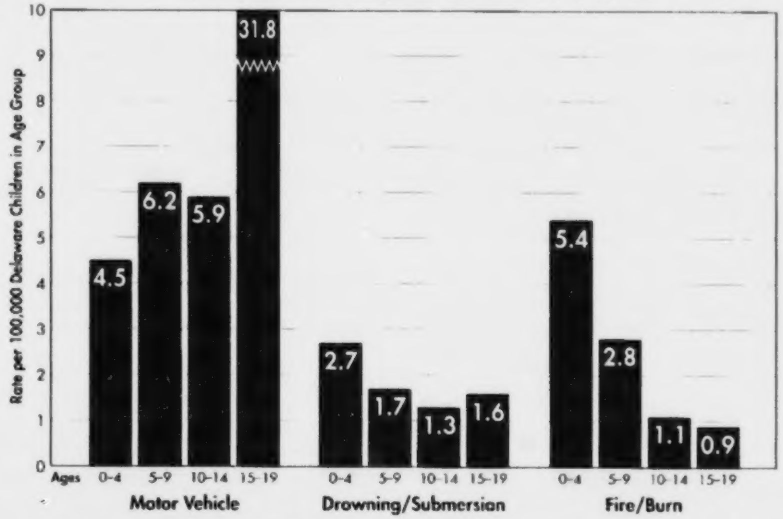
Motor vehicle-related injuries were the leading cause of injury deaths for children ages 5–19. Fires and burns were the leading cause of unintentional injury death of children ages 0–4.

Falls were the leading cause of injury hospitalizations for Delaware children ages 0–14 in the years 1996–1999. Injuries from rollerskates, skateboards, kneeboards, and snowboards were the largest percentage of these fall (20.9%), followed by falls from one level to another (19.2%), from playground equipment (14.2%), and from stairs or steps (8.7%).

Source: Emergency Medical Services for Children, Delaware Health Statistics Center. Available at www.dehealthdata.org/publications

Injury Death Rates of Children

by Selected Causes of Injuries, Delaware, 1979–1998



Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Did you know?

Studies from Children's Hospital of Philadelphia have shown that children placed in seat belts instead of booster seats were 3.5 times more likely to be seriously hurt in a crash.

In Delaware, 972 children, ages 4 to 6 were injured in car crashes between 1997 and 2001. Only 11 percent of those hurt were in booster seats, 71 percent were restrained by seat belts, and 14 percent were unrestrained.

Source: Besso, M. (2003, January 1). New law tightens regulations on use of child safety seats. *Wilmington News Journal.*

put data into action

Delaware Child Restraint Law

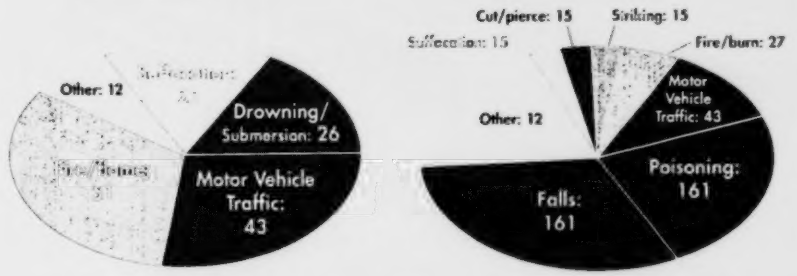
On January 1, 2003, The Child Restraint Law went into effect in Delaware. The new law requires children ages six and under or children sixty pounds and under to be place in safety seats. Previously the law only required restraints for children up to the age of four. Additionally the law requires seat belts for children ages seven to fifteen.

Source: *Wilmington News Journal*, January 1, 2003

Unintentional Injuries for Children Ages 0–4

Unintentional Injury Deaths
Delaware, 1979–1998

Unintentional Injury Hospitalizations
Delaware, 1996–1999



157 Deaths in Twenty-year Period

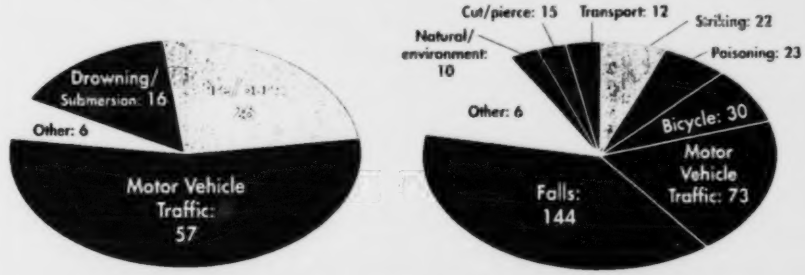
518 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Unintentional Injuries for Children Ages 5–9

Unintentional Injury Deaths
Delaware, 1979–1998

Unintentional Injury Hospitalizations
Delaware, 1996–1999



105 Deaths in Twenty-year Period

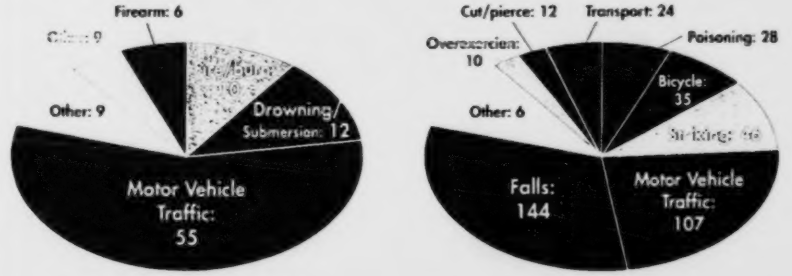
375 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Unintentional Injuries for Children Ages 10–14

Unintentional Injury Deaths
Delaware, 1979–1998

Unintentional Injury Hospitalizations
Delaware, 1996–1999



97 Deaths in Twenty-year Period

454 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Definition:

Hospitalizations - data includes only inpatient hospital discharges. Emergency department visits that do not result in inpatient hospitalization are **not** included. It is estimated that for every injury death there are 18 hospitalizations and 250 emergency department visits.

For more information see

Tables 15-23	p. 126-131
Tables 26-27	p. 133
Tables 29-30	p. 134
Table 62	p. 152

www.kidshealth.org

www.dehealthdata.org/publications/Childhood_Injury.pdf

www.cdc.gov/ncipc/duip/duip.htm

www.coderedrover.org/home.asp

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DELAWARE **COMPARED** TO U.S. AVERAGE **SIMILAR**

RECENT **TREND** IN DELAWARE **ABOUT THE SAME**

Today's teens are faced with gun shootings, date rape, and even drug-related violence in schools as well as their neighborhoods. These issues negatively impact teens' transition from teenagers into healthy adults. Furthermore, factors contributing to teen deaths include risk-taking behaviors, violence, and the use of alcohol and drugs.[1] *Teen violent death is also an indicator of the stress, hostility, and anger teens may feel and the degree to which they have adequate social and family supports and access to mental health and other services.*[2]

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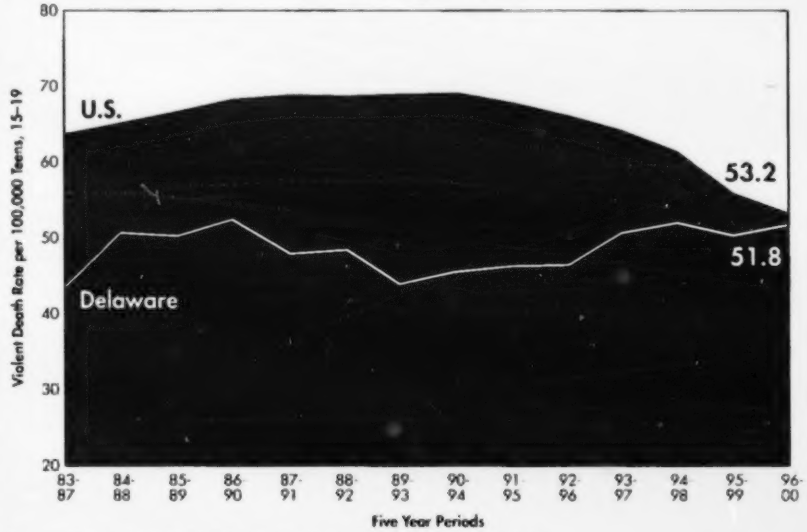
[1] *2001 Rhode Island Kids Count Fact book*

[2] *2000 Maryland Kids Count Fact book*

Teen Deaths by Accident, Homicide, and Suicide

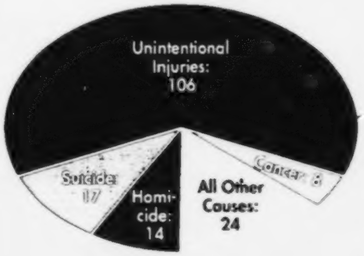
Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

Causes of Death of Teens 15–19

Delaware, 1996–2000



Total Number of Deaths in Five-year Period: 169 Teens

Source: Delaware Health Statistics Center

Deaths of Teens 15–19

Number in Delaware by Cause, 2000

Motor Vehicle Crashes	21 males 7 females
Suicide	2 males 0 female
Homicide	1 males 0 females
Other Unintentional Injuries	2 males 2 female
All Other Causes	6 males 6 female

Total Number of Deaths: 41 Teens

Source: Delaware Health Statistics Center

Definitions:

Teen Deaths by Accident, Homicide, and Suicide – number of deaths per 100,000 teenagers 15-19 years old

Unintentional Injuries – accidents, including motor vehicle crashes

Deaths of Teens from Motor Vehicle Crashes

Number of Delaware Teens 15–19 who Died in Motor Vehicle Crashes

	1993	1995	1997	1999	2000
Males	6	6	12	7	21
Females	5	6	5	6	7

Source: Delaware Health Statistics Center

*Impact of Graduated Driver License on 16 Year Old Driver Crashes in Delaware**

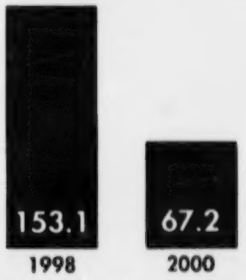
Delaware implemented a Graduated Drive Licensing (GDL) Program on July 1, 1999. It is comprised of three levels. Level 1 is the first stage of the learner's permit, which involves supervised driving at all times and lasts for a period of six months. The second stage, Level 2, is reached six months after the issue of the Level 1 learner's permit. It involves limited unsupervised driving and restrictions on passengers. Level 3 is full licensure with unrestricted driving privileges after twelve months of driving experience with a learner's permit.

Crash rates declined sharply for all levels of severity among 16 year old licensed drivers after the GDL program was implemented. Following GDL, 16 year old licensed driver crashes were substantially less likely to occur. The greatest reductions in risks occurred in night crashes and fatal injuries.

* A Preliminary Review of Data
Source: Delaware State Police

Teen Crashes

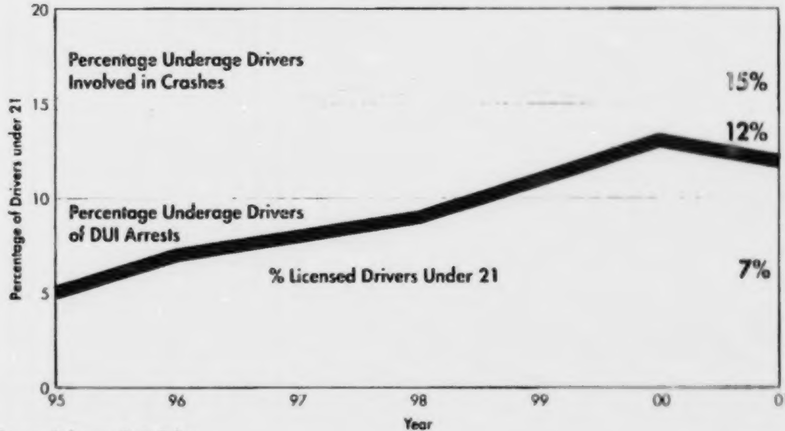
Rate of Crashes per 1,000 Delaware 16-year-old Licensed Drivers



Source: Delaware State Police

Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



Source: Delaware State Police

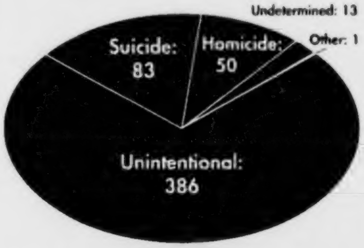
While drivers under age 21 are only eight percent of all drivers in Delaware, they are involved in 15% of all crashes and 13% of all DUI arrests.

Teen Deaths

by Accident, Homicide, & Suicide

Causes of Death of Teens 15-19 from Injuries

Delaware, 1979-1998

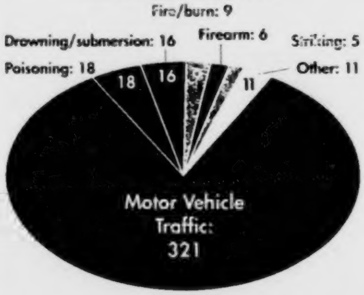


Total Number of Deaths in Twenty-year Period: 533 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15-19 from Accidents

Delaware, 1979-1998

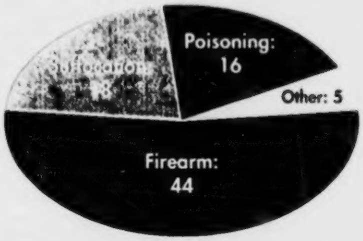


Total Number of Deaths in Twenty-year Period: 386 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15-19 from Suicides

Delaware, 1979-1998

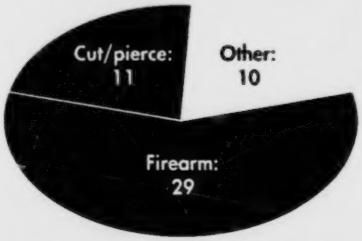


Total Number of Deaths in Twenty-year Period: 83 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15-19 from Homicides

Delaware, 1979-1998



Total Number of Deaths in Twenty-year Period: 50 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Did you know?

- Over the last four years, teenagers between the ages 13 and 17 have accounted for 18 percent of the shooting deaths in Wilmington.
- Fourteen percent of the shooting suspects in Wilmington were juveniles ages 17 and under.

Source: Yanich, D., Williams, K., & Brown, W. Handgun Violence in Delaware: A Picture of the State. Center for Community Research & Service and The Graduate School of Urban Affairs & Public Policy, University of Delaware, Summer 2002.

For more information see

Tables 30-32	p. 134-135

www.highwaysafety.org
www.talkingwithkids.org
www.noviolence.net

Sexually Transmitted Diseases

RECENT **TREND** IN DELAWARE **ABOUT THE SAME**

According to the Centers for Disease Control and Prevention, the U.S. has one of the highest rates (of industrialized nations) for sexually transmitted diseases among teens and young adults.[1] According to a study by the Centers for Disease Control and Prevention, every year three million teens (one out of every eight) are infected with an STD.[2] Teens are at higher risk for acquiring most STDs because they are more likely than other age groups to have unprotected sex, and/or multiple sex partners. This alarming statistic carries significant social costs for both the teenager and society.

A Youth Risk Behavior Survey found that fewer high school students were engaging in high-risk behaviors for STDs and pregnancy, compared to the trends in sexual intercourse rates among teenagers seen in the 1970s and 80s. These decreases in sexual risk behaviors and the resulting improvements in reproductive health are the results of efforts by parents and families, schools, community-based and religious organizations, the media, government agencies, and adolescents.

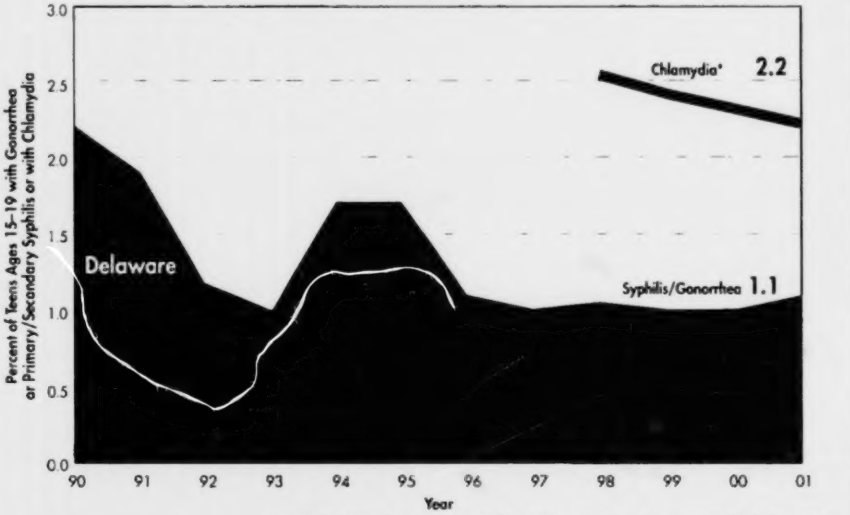
---

[1] Child Trends Research Brief: Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: what the research shows)

[2] Buzi, R.; Weinman, M.; and Smith, P. *Adolescence*, Summer 1998 v33 n130 p313(6) Ethnic differences in STD rates among female adolescents. (sexually transmitted diseases)

Sexually Transmitted Diseases

Delaware,* 1990–2001



* Reliable U.S. data is not available. Chlamydia data is not available before 1998.

Source: Delaware Department of Health and Social Services

Sexually Transmitted Diseases

Number of Diagnosed Cases by County, 15–19 Year Olds, Delaware, 2000 and 2001

	2000			2001		
	New Castle	Kent	Sussex	New Castle	Kent	Sussex
Chlamydia	851	255	195	660	326	227
Gonorrhea	415	132	45	357	159	78
Syphilis	2	0	2	0	0	0

Source: Delaware Department of Health and Social Services

For more information see

Table 33 p. 136

www.thebody.com

www.plannedparenthood.org

www.agi-usa.org/sections/youth.html

Alcohol, Tobacco, and Other Drugs

RECENT TREND IN DELAWARE **ABOUT THE SAME**

According to the National Center on Addiction and Substance Abuse, almost 80 percent of teens indicated that drugs are used, sold, and kept on school grounds.[1] *Because of this, it is likely that most teenagers will have some experience with or exposure to drugs. Still more students will experiment with alcohol and/or tobacco. Some will discontinue use; others will become regular users. For the young adults who continue use, the risk of becoming adults who are addicted to these drugs increases. Furthermore, teenagers who use alcohol and tobacco are at a higher risk for using and becoming addicted to other drugs later.*

Prolonged and abusive use of these substances may lead to serious health problems such as lung cancer, liver poisoning, or kidney failure. More serious long-term consequences includes a high risk of premature death as well as causing increased health care cost.

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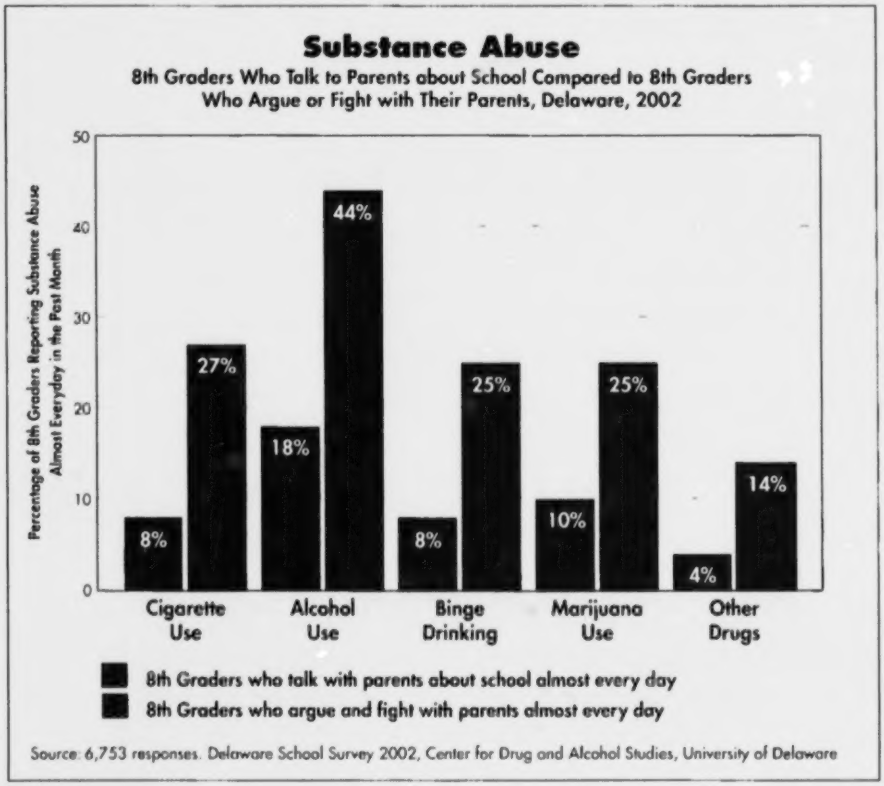
[1] The Center for Drug and Alcohol Studies, http://www.state.de.us/drugfree/pdfs/mjgetinfo.pdf



Substance Abuse

8th Graders Who Talk to Parents about School Compared to 8th Graders Who Argue or Fight with Their Parents, Delaware, 2002

Source: 6,753 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

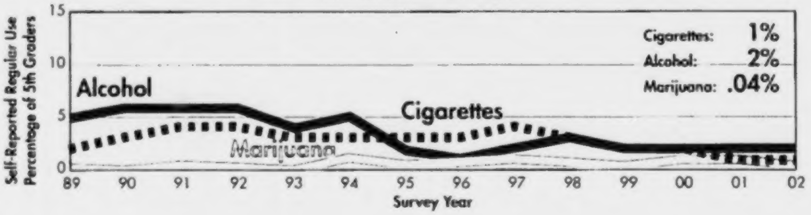
- In Delaware, approximately 25 percent of 11th graders reported having used marijuana in the previous month. Thirty-nine percent of 5th graders, 64 percent of 8th graders, and 52 percent of 11th graders perceived no or slight risk from trying marijuana once or twice.[1]
- Seventy-one percent of eighth graders and 88 percent of tenth graders believe that alcohol is readily available to them for consumption.[2]
- More than 40 percent of individuals who start drinking before the age of 13 will develop alcohol abuse or alcohol dependence at some point in their lives.[3]

Source 1: The Center for Drug and Alcohol Studies, http://www.state.de.us/drugfree/pdfs/mjgetinfo.pdf

Sources 2&3: E:\kidscount\Leadership To Keep Children Alcohol Free – The Child.htm

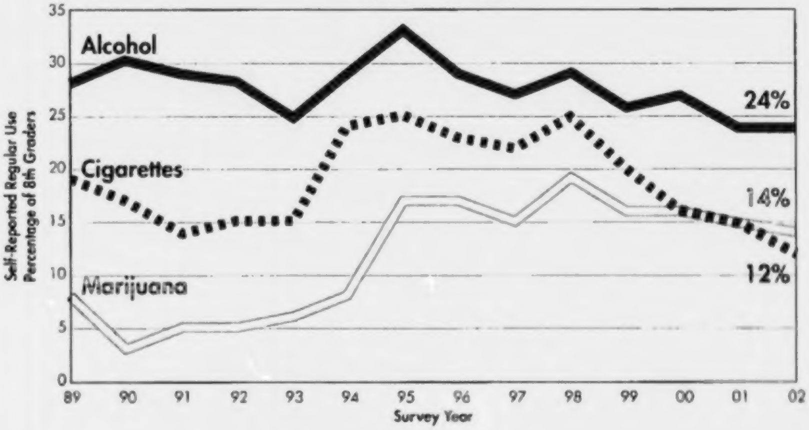
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



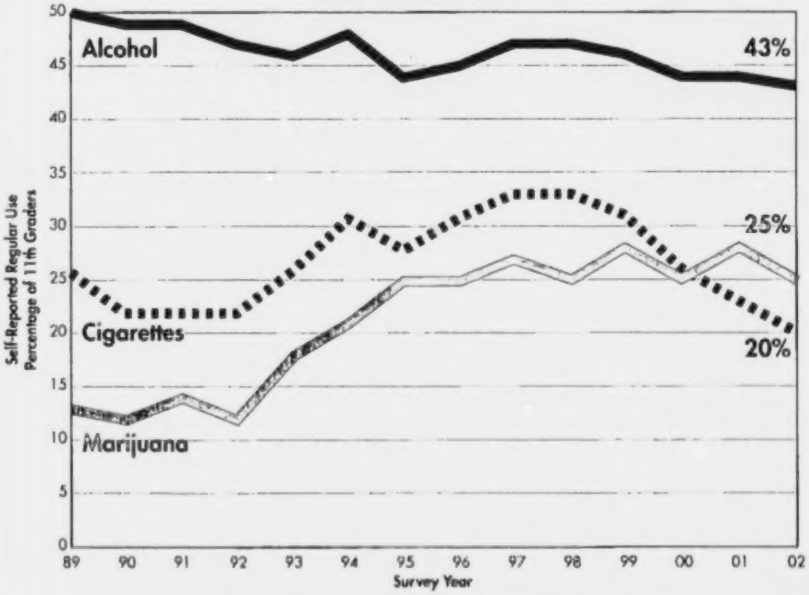
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders



Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders



Source: 5th graders: 7,248 responses. 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

For more information see

Table 34-35 p. 137
www.tobaccofreekids.org
www.state.de.us/drugfree/data.htm
www.al-anon-alateen.org
www.udetc.org

18

Delaware Children Speak
about Health and Health Behaviors

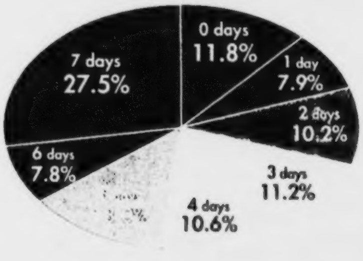
Each year since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered a survey for public school students about alcohol, tobacco, and drug use. This study is supported by the Office of Prevention and the Division of Substance Abuse and Mental Health and administered through the cooperation of the Department of Education and the Delaware Drug Free School Coordinators. It has become a valuable tool in assessing trends of drug use among Delaware students. Since 1998 the survey has included new information on school behavior, health habits, and parental interaction. The Center for Drug and Alcohol Studies has provided KIDS COUNT with a wealth of information detailing these issues which are included in each section as Delaware Children Speak. Although these are survey questions of a limited number of Delaware youth, it is useful to examine their comments in light of the increased interest in safety, parental involvement, educational needs and healthy lifestyles.

Source: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Final Report tot be State Incentive Cooperative Agreement Advisory Committee and the First State Prevention Coalition.* September 2002. The Center for Drug and Alcohol Studies, University of Delaware.

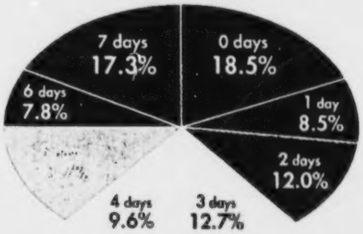
Physical Activity

How many days in the past week have you exercised or participated in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?
Delaware, 2002

6–8th Graders



9–12th Graders

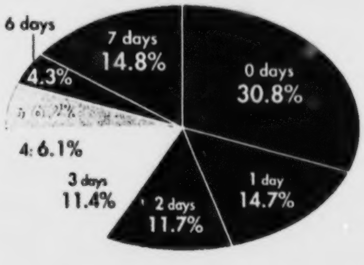


Source: Grades 6–8: 2,651 responses. Grades 9-12: 2,472 responses. CDC Youth Tobacco Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

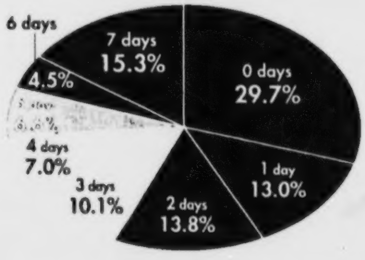
Physical Activity

How many days in the past week have you participated in physical activity for at least 30 minutes that did NOT make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
Delaware, 2002

6–8th Graders



9–12th Graders



Source: Grades 6–8: 2,651 responses. Grades 9-12: 2,472 responses. CDC Youth Tobacco Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

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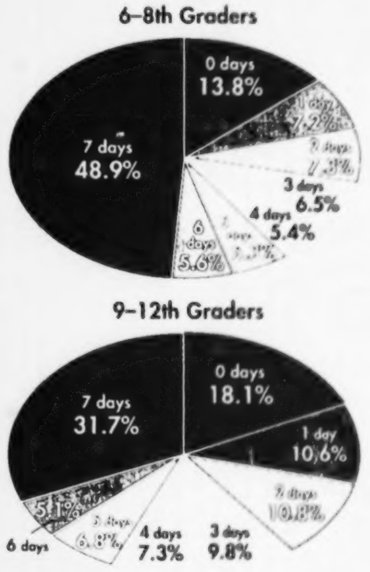
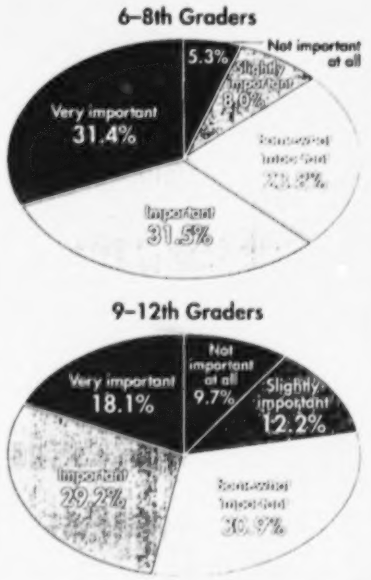
Eating Breakfast

How many days in the past week have you eaten breakfast?
Delaware, 2002



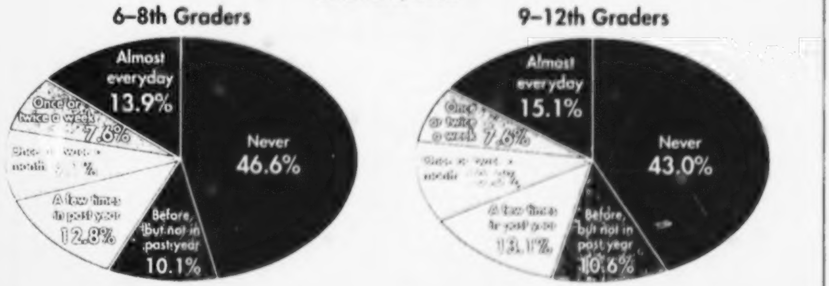
Nutrition

How important to you is it to you to eat healthy foods?
Delaware, 2002



Concern about Weight

How often have you worried about or had fear about gaining weight or becoming fat?
Delaware, 2002



Source for all graphs on this page:
Grades 6-8: 2,651 responses.
Grades 9-12: 2,472 responses.
CDC Youth Tobacco Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

- 54% of Delaware high school students are enrolled in at least one or more sports.[1]
- A recent national study shows a positive association between participating in school sports and lower rates of alcohol, tobacco, drug use. Youth who participate in sports are also more likely to disapprove of their peers' deviant behaviors.[2]
- Nationally, 1/3 of high school students fail to meet current recommendations of three or more exercise sessions of week.[3]

Source 1: Youth Risk Behavior Surveillance—United States, 2001
Source 2: http://www.childtrendsdatabank.org
Source 3: Hatcher, J. and Scarpa, J. (2002). Encouraging Teens to adopt a safe, healthy lifestyle: A foundation for improving future adult behaviors. Child Trends Research Briefs.

For more information see
www.state.de.us/drugfree/data.htm

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Delaware Children Speak
about Health and Health Behaviors

Youth today are developing healthier lifestyles. Too often data presented reflect negative aspects of youth behavior, but it is important to consider the more positive attributes of our youth. This helps to identify the areas in which our children are succeeding and provides insight into programs and characteristics that are associated with success.

Studies show that regular participation in volunteer activities helps to develop higher levels of civic development and personal efficacy among youth. Youth volunteers tend to have greater self-confidence in their ability to make public statements, and pay more attention to politics. They also learn to respect themselves as well as others, and develop leadership skills and a better understanding of citizenship.

Today's teens are actively participating in positive behaviors that may promote their well-being. Through Delaware Team Nutrition projects, the University of Delaware was able to document that fifty percent of the student participants increased their level of physical activity and seventy percent of the participants showed improvements with weight training and reduction of body fat. Moreover, eighty-eight percent said that they wanted to continue exercising after the program ended. [1]

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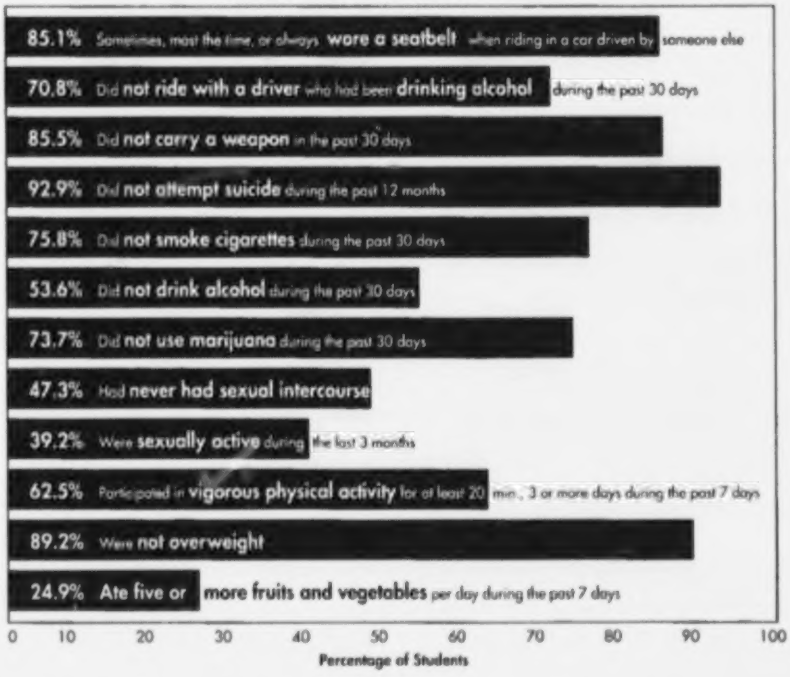
[1] On the Table; Delaware small in size, big in nutrition. USDA, Food and Nutrition Service. Fall 2002.

Lifestyle Choices

Delaware High School Students, 2001

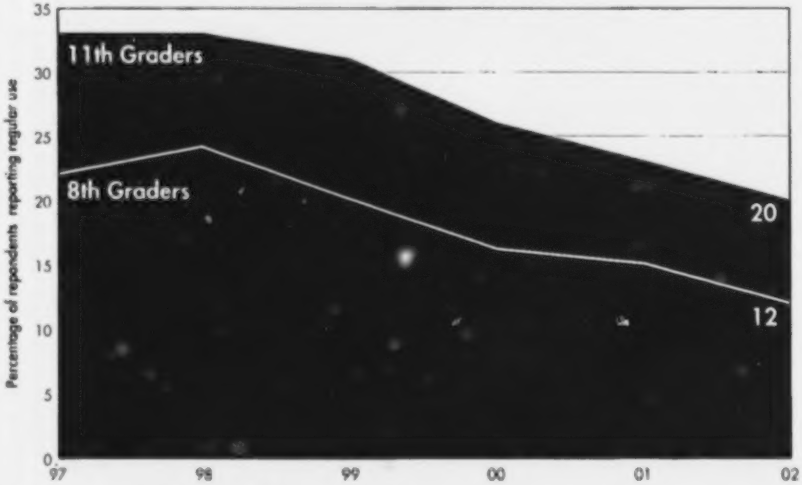


Source: CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

Note: The Youth Risk Behavior Survey (YRBS) was administered to 2,915 students in 30 public high schools in Delaware during the spring of 2001. The results are representative of all students in grades 9–12. The sample was comprised of the following students: Female: 50.8%, Male: 49.2%; 9th grade: 30.4%, 10th grade: 26.2%, 11th grade: 21.9%, 12th grade: 21.5%; African American: 24.0%, Hispanic/Latino: 6.2%, White: 61.5%, All other races: 5.4%, Multiple races: 2.8%. Students completed a self-administered, anonymous questionnaire.

Declining Cigarette Use

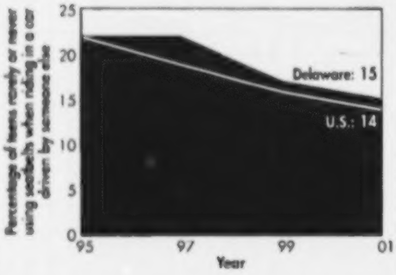
Delaware 8th and 11th Graders



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Teens Who Rarely or Never Use Seatbelts

Delaware Compared to U.S.

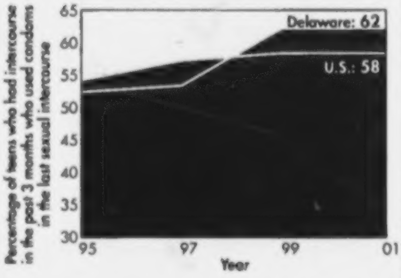


Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

Condom Use

among Sexually Active Teens during Last Sexual Intercourse

Delaware Compared to U.S.



Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

put data into action

Best Practices for Preventing Youth Access to Alcohol

- Initiate community-wide responsible beverage service programs.
- Create buffer zones that separate alcohol outlets from schools, youth facilities, and residential neighborhoods.
- Impose strict penalties on retail licensees for violations of sales-to-minors laws.
- Ban the production, distribution, possession, and use of false identification and increase and encourage the use of identifications that can be scanned using magnetic readers.

Source: Regulatory Strategies for Preventing Youth Access to Alcohol: Best Practices. Pacific Institute for Research and Evaluation. July 1999

For more information see

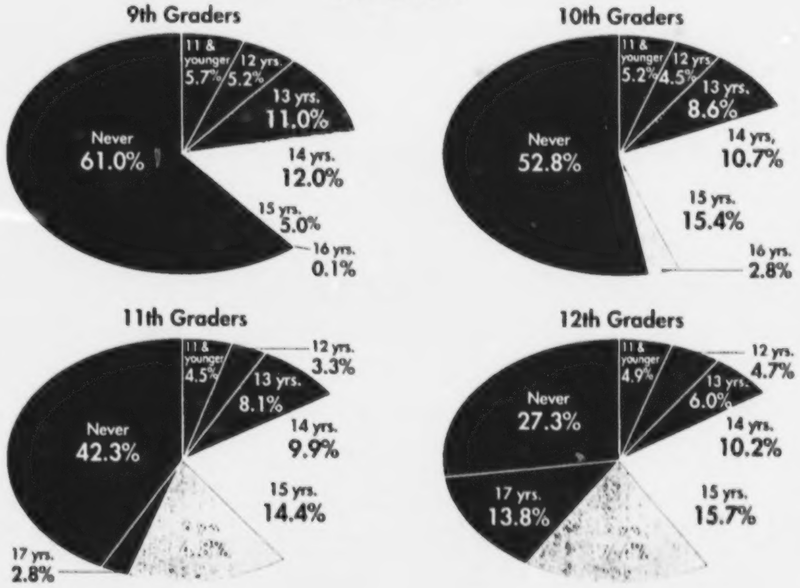
www.state.de.us/drugfree/data.htm

http://childnutrition.doe.state.de.us/

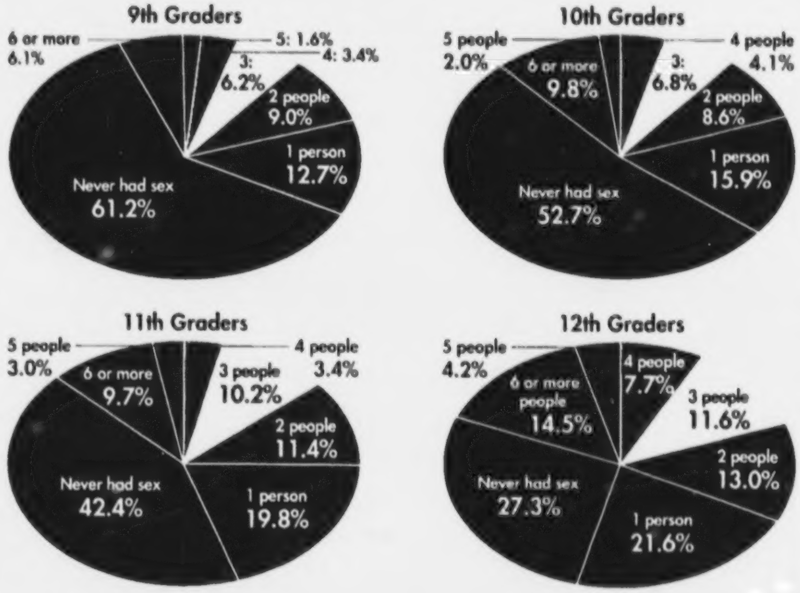
Delaware Children Speak
about Health and Health Behaviors

Sexual Activity

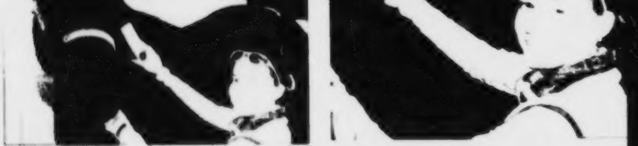
How old were you when you had sexual intercourse for the first time?
Delaware, 2001



During your life, with how many people have you had sexual intercourse?
Delaware, 2001

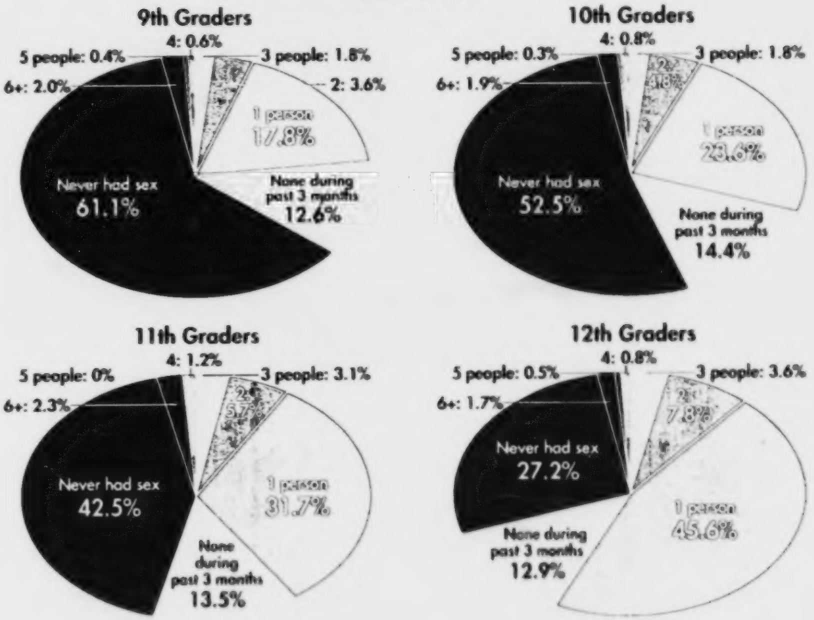


Note: Due to rounding, percentages may vary.
Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

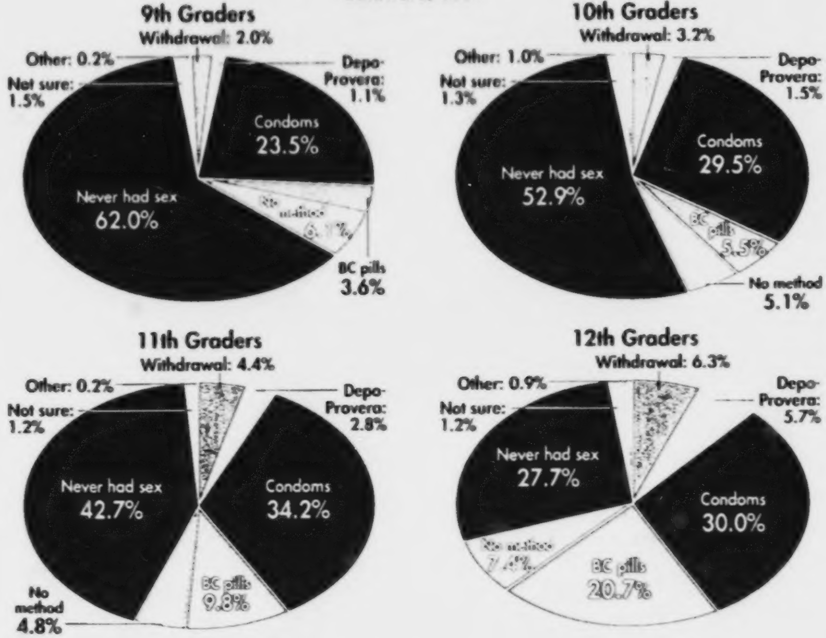


Sexual Activity

During the past 3 months, with how many people did you have sexual intercourse?
Delaware, 2001



The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
Delaware, 2001



Note: Due to rounding, percentages may vary.
Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

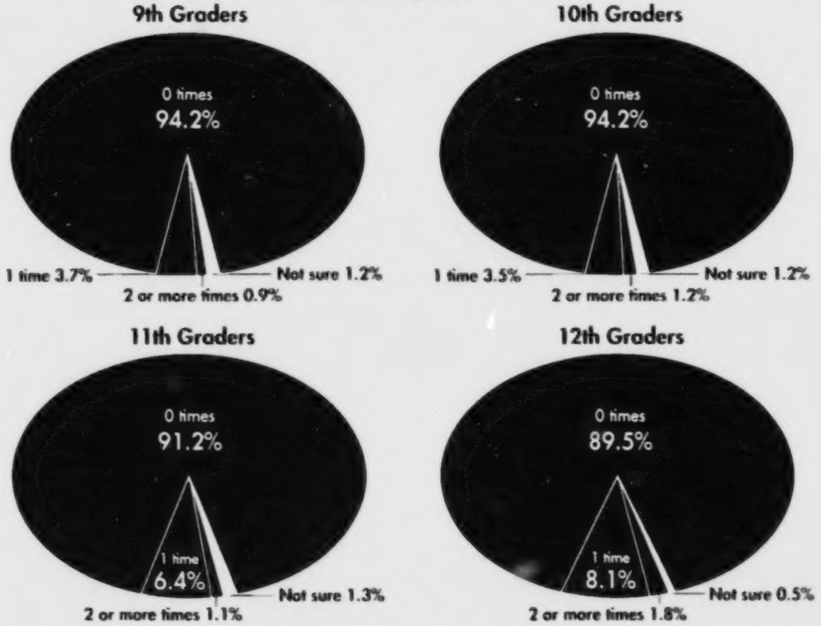
For more information see
www.state.de.us/drugfree/data.htm

BEST COPY AVAILABLE

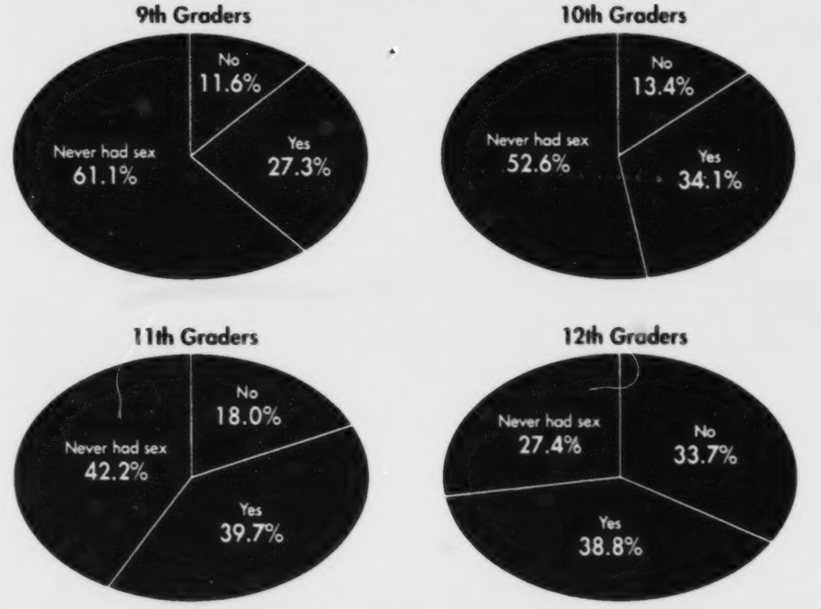
Delaware Children Speak about Health and Health Behaviors

Sexual Activity

How many times have you been pregnant or gotten someone pregnant?
Delaware, 2001

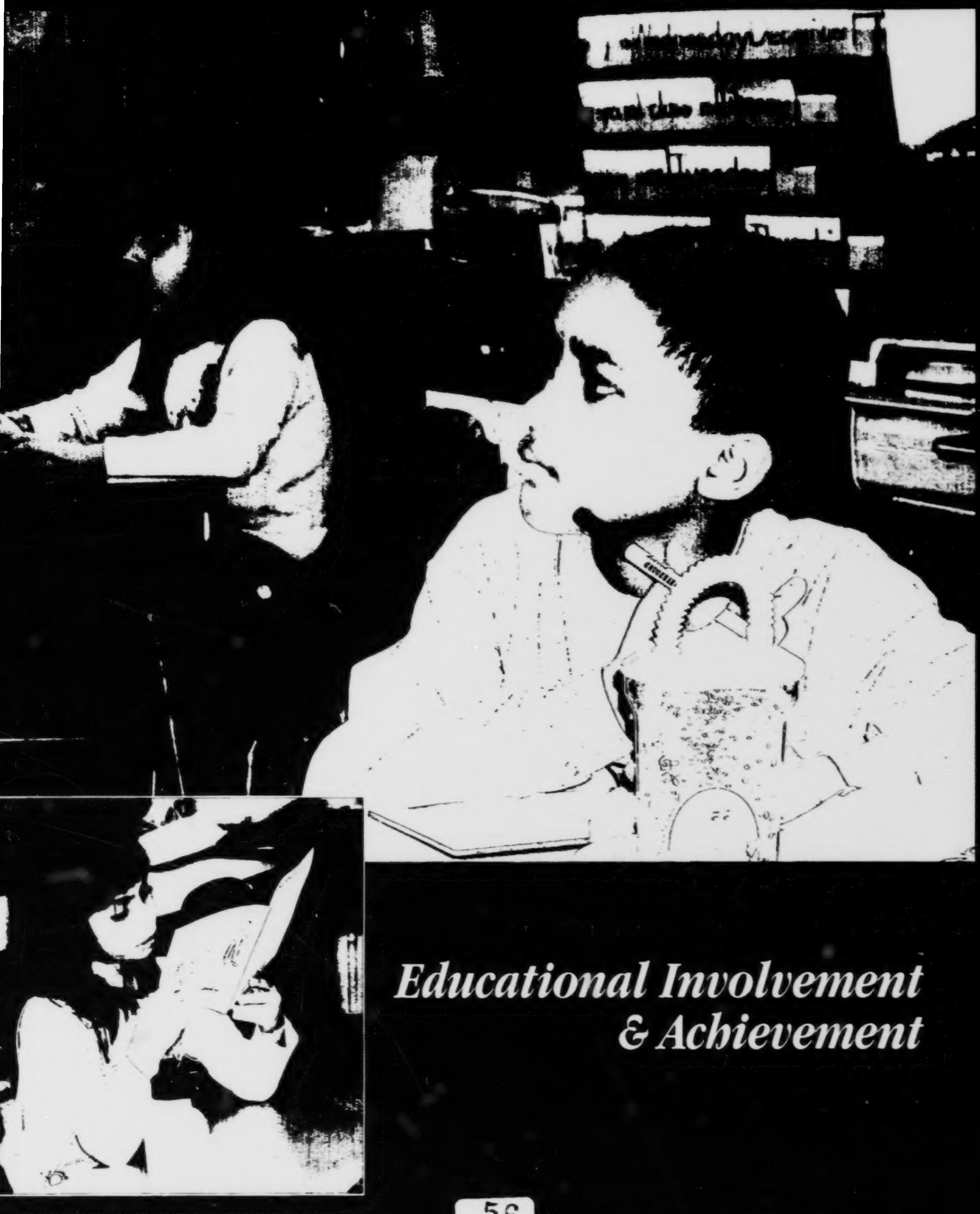


The last time you had sexual intercourse, did you or your partner use a condom?
Delaware, 2001



Note: Due to rounding, percentages may vary.
Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

For more information see
www.state.de.us/drugfree/data.htm



Educational Involvement & Achievement

Early Intervention

RECENT TREND IN DELAWARE **GETTING BETTER**

Early intervention is extremely important for children experiencing developmental delays and disabilities. Children are assessed for delays in areas including cognition, physical ability, communication, social and emotional functioning and in adaptive behaviors.[1] It has been shown that early intervention programs reduce the need for special education, reduce the impact on the family, lessen the need for residential care and schooling, as well as reducing overall costs for special education and institutionalization.[2]

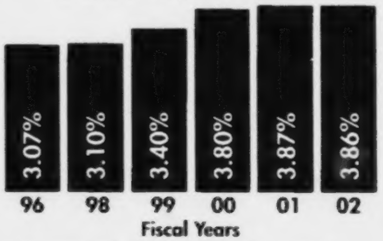
---

[1] Birth to three early intervention system in Delaware: Child Development Watch (March, 1998). DelAWARE. Available from: www.udel.edu/cds/products/delAware/spring98/watch.html.

[2] Pennsylvania Partnerships for Children (2002). From building blocks to books: learning from birth through 8 in Pennsylvania.

Early Intervention

Percent of Children Aged 0–3 in the Early Intervention System, Delaware



Note concerning comparison data: There are no comparable U.S. statistics since the eligibility criteria for early intervention varies from state to state, and the U.S. Office of Special Education has recently begun to report on Infants and Toddlers served under the Individuals with Disabilities Education Act. Please note that an April 1994 U.S. Department of Education report estimated that 2.2% of all infants and toddlers had limitations due to a physical, learning or mental health condition, but this may not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

Source: Delaware Department of Health and Social Services

Did you know?

- Of children who received early intervention, only half were still considered special education students at age 8.
- Every dollar spent on early intervention can save $4 to $7 later on special education and residential care.

Source: Pennsylvania Partnerships for Children (2002). From building blocks to books. Learning from birth through 8 in Pennsylvania.

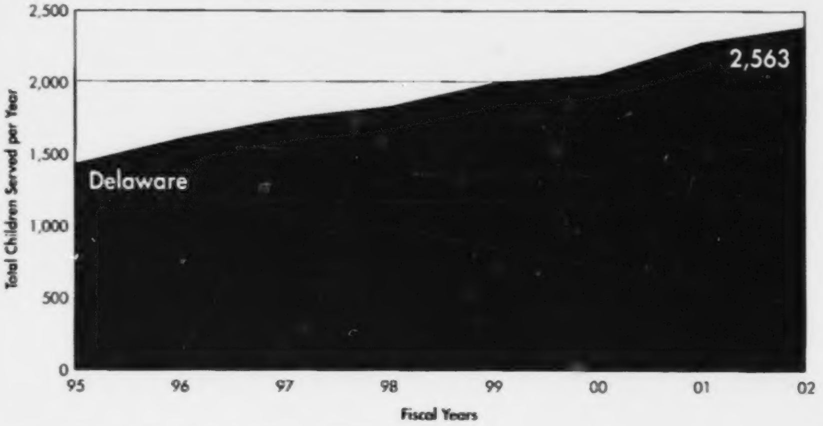
put data into action

The state of Delaware's Birth to 3 Early Intervention System, publishes a guide with extensive resources in many fundamental areas for children with disabilities.

To learn more, go the Internet Guide for Parents and Professionals at www.state.de.us/dhss/dms/birth3/director/directry.htm.

Child Development Watch

Total Children Served per Year, Delaware



Source: Delaware Birth to Three Early Intervention System, DHSS

For more information see

www.state.de.us/dhss/dms/birth3/director/directry.htm

www.kidsource.com/kidsource/content/early.intervention.html

Head Start/ECAP

During the ages of 3 to 5, children form basic cognitive abilities. Those who aren't exposed to letters, numbers, and social skills at home quickly lag behind those who are.[1] *In order to avoid later educational problems, especially for children in high-risk groups, early care programs can fill gaps in children's developmental needs.*

Head Start is a comprehensive early childhood development program started 37 years ago as a federal program to prepare children from low-income backgrounds for academic success through skills development and human services.[2] *The Early Childhood Assistance Program in Delaware provides funding for four-year-olds who meet the eligibility criteria for Head Start programs. Both programs are designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with more economically advantaged children.*

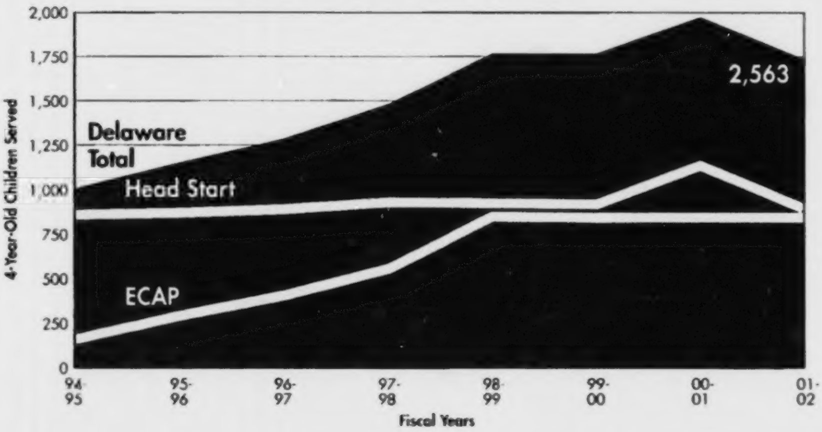
---

[1] Starr, A. (August 26, 2002). The importance of teaching tots: 25 ideas for changing the world. *Business Week*.

[2] Seligson, M. & Cotlin, L. Approaches to school-aged child care. ERIC-EECE: Clearinghouse of Elementary and Early Childhood Education. Publication #: EDO-PS-91-7. Available from: ericps.crc.uiuc.edu/eece/pubs/digests/1991/seligs91.html

Head Start/Early Childhood Assistance Program

4-Year-Old Children Served in Delaware



	94-95	95-96	96-97	97-98	98-99	99-00	00-01	01-02
Est. number of 4-yr.-olds in Head Start	855	865	886	931	925	922	1,129	891
Number of children in ECAP	153	289	401	554	843	843	843	843
Estimated number of 4-yr.-olds eligible	N/A	N/A	N/A	1,938	1,938	1,935	2,162	1,749
Percentage of eligible 4-yr.-olds served	N/A	N/A	N/A	77%	91%	91%	91%	99%

Source: Delaware Department of Education

Did you know?

- Students who received ECAP or Head Start services at the age of 4 were more likely to achieve at or above the standard on the 3rd grade reading and math Delaware Student Testing Program than their peers living in poverty who did not receive those services.
- Over 69% of the students who received ECAP or Head Start services at age 4 met or exceeded the standard for reading on the March 2001 Delaware Student Testing Program.
- Only 48.7% of students studied who lived in poverty but did not receive ECAP or Head Start services met or exceeded the standards for reading.

Source: Gamel-McCormick, M., Amsden, D. (April 2002). Investing in better outcomes: The Delaware early childhood longitudinal study. University of Delaware: Center for Disabilities Studies.

For more information see

Tables 66-70 p. 153-154

Student Achievement

RECENT TREND IN DELAWARE **GETTING BETTER**

Student achievement is a determinant of future success in the labor market. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.

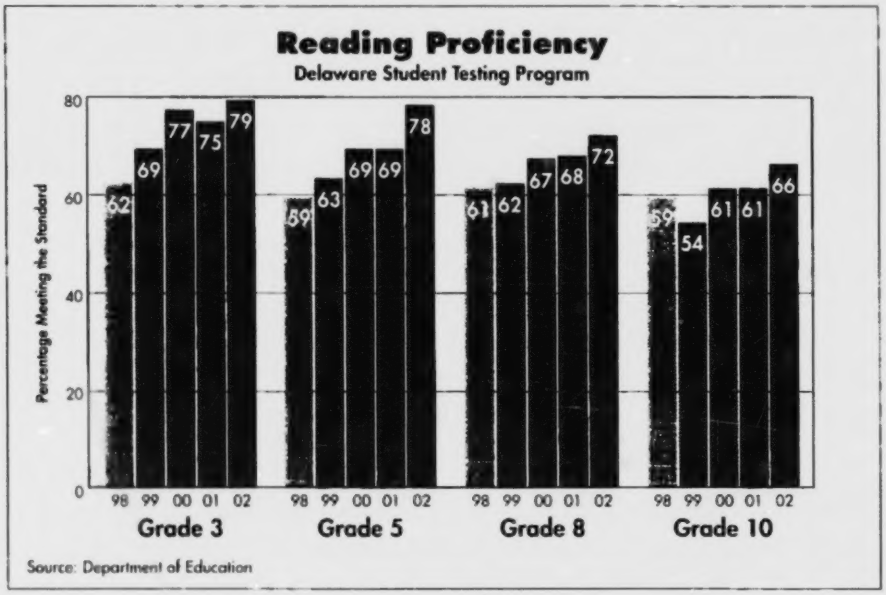
According to statistics from the College Board, the average math SAT scores have hit a thirty-two year high. However, the verbal scores remain forty points lower than the scores thirty years earlier.[1] *Furthermore, a longitudinal study of a large group of students found a sharp decline between sixth and seventh grades (the transition from elementary school to junior high school) in adolescents' interest in learning mathematics and their confidence in their mathematics abilities.*[2]

Despite the decline in achievement and confidence, teens in general place a high value on receiving a good education. Most teenagers believe that getting a good education will help them acquire the type of job they would like in the future.

---

[1] Carnahan, K. and Coletti, C. (August 2002). 10-year trend in SAT scores indicates increase emphasis on math is yielding results; Reading and writing are causes for concern. The College Board.

[2] Eccles, J.S. and Midgley, C. "Changes in academic motivation and self-perception during early adolescence." In R. Montemayor, G. R. Adams and T. P. Gullota (Eds.). *From childhood to adolescence: A transitional period?* (134-155) Newbury Park, CA: Sage, 1990.


Reading Proficiency
Delaware Student Testing Program

Source: Department of Education

put data into action

Develop a child's love for reading

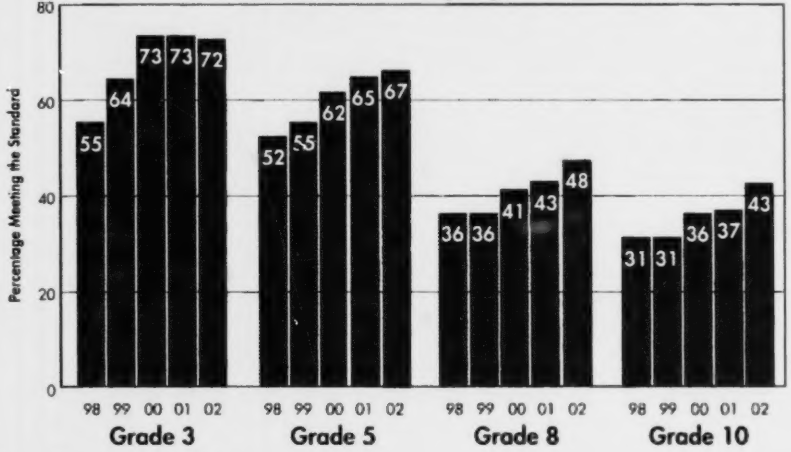
Learning to read and write is critical to a child's success in school and in life. The following tips will help to develop a child's love for reading as well as enhancing his/her abilities:

- Read aloud to your child daily. Ask questions to get him/her thinking about what is taking place in the story.
- Create a "reading ritual" at home by setting a certain time each day for reading.
- Arrange a "reading room" for your child that is comfortable, free of distractions, and is a special place for her.

Source: School of Dreams Newsletter, Winter 2002, vol. 1, issue 1.

Math Proficiency

Delaware Student Testing Program



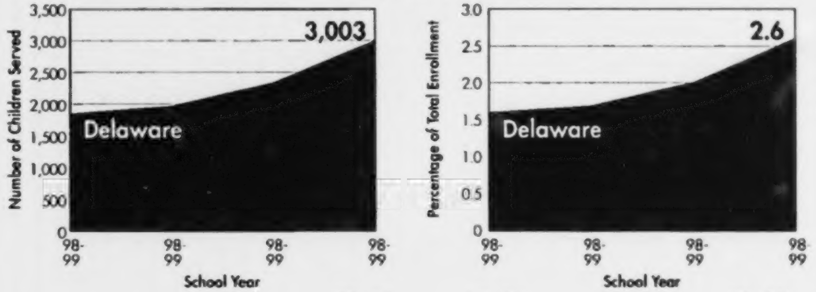
Source: Department of Education

Delaware Student Testing Program

The Delaware Student Testing Program (DSTP), designed by Delaware Educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for all students in Delaware. The DSTP assists Delaware educators in determining students' strengths and weaknesses to help identify academic issues. For the fourth consecutive year, students in grades 3, 5, 8, and 10 were tested in areas of reading, mathematics and writing.

Limited English Proficiency*

Number and Percent of Limited English Proficiency Students in Delaware



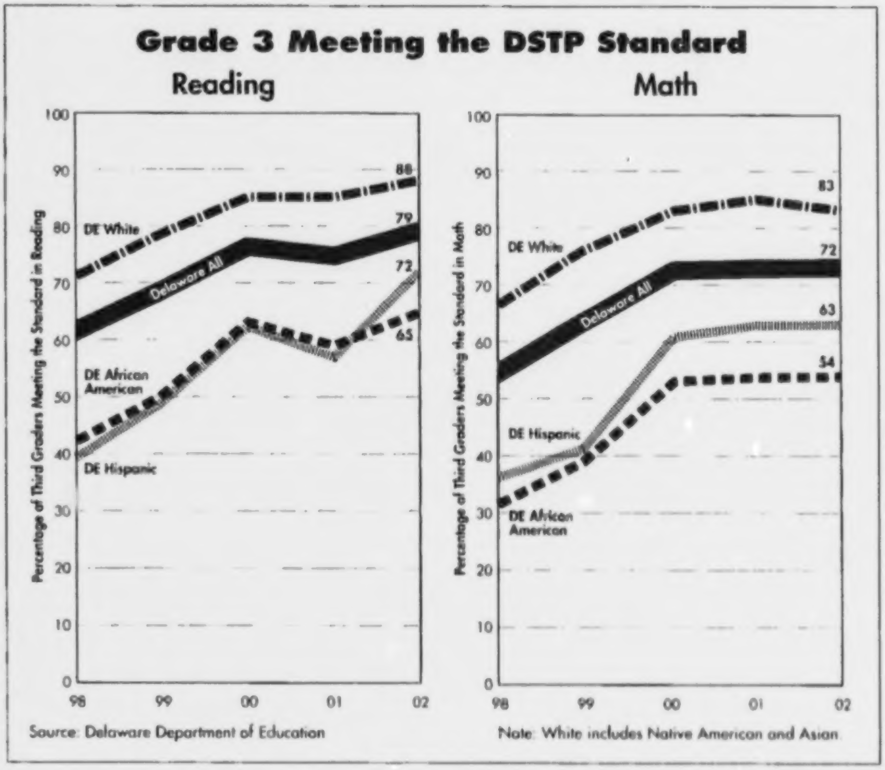
	98–99	99–00	00–01	01–02
Number Served**	1,858	1,981	2,352	3,003
Total Enrollment	113,190	113,848	114,770	115,517
Percent of Total Enrollment	1.6%	1.7%	2.0%	2.6%

* Limited English Proficiency Student – an individual who was not born in the U.S. or whose native language is a language other than English; or is a Native American or Alaskan Native and comes from an environment where a language other than English has had a significant impact on such individual's level of English language proficiency; or an individual who has sufficient difficulty speaking, reading, writing, or understanding the English language and whose difficulties may deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English.

** Number Served is the count of students enrolled on April 1. The total number of children served per year is higher.

Source: Department of Education

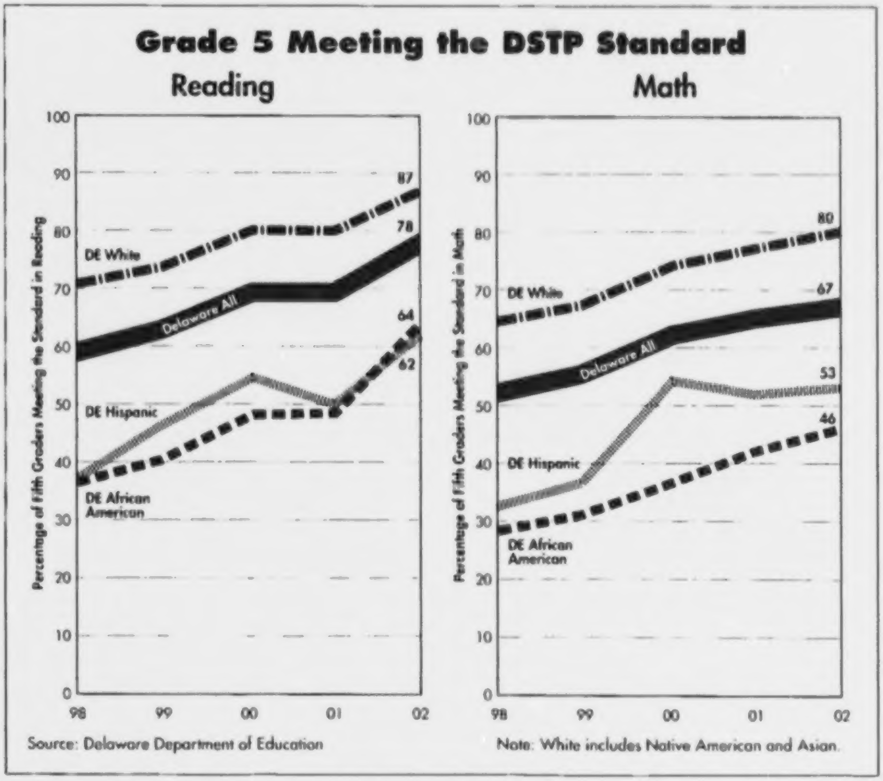
Student Achievement


Reading
Math
Percentage of Third Graders Meeting the Standard in Reading
Percentage of Third Graders Meeting the Standard in Math
100
90
80
70
60
50
40
30
20
10
0
98
99
00
01
02
DE White
Delaware All
DE African American
DE Hispanic
88
79
72
65
83
72
63
54

Grade 3 Meeting the DSTP Standard

Source: Delaware Department of Education

Note: White includes Native American and Asian.

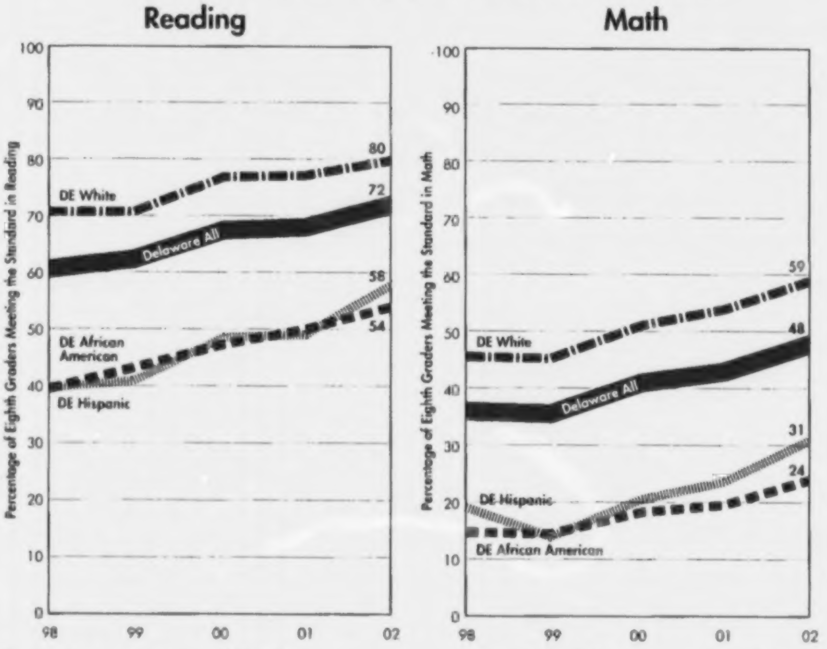


Grade 5 Meeting the DSTP Standard

Source: Delaware Department of Education

Note: White includes Native American and Asian.

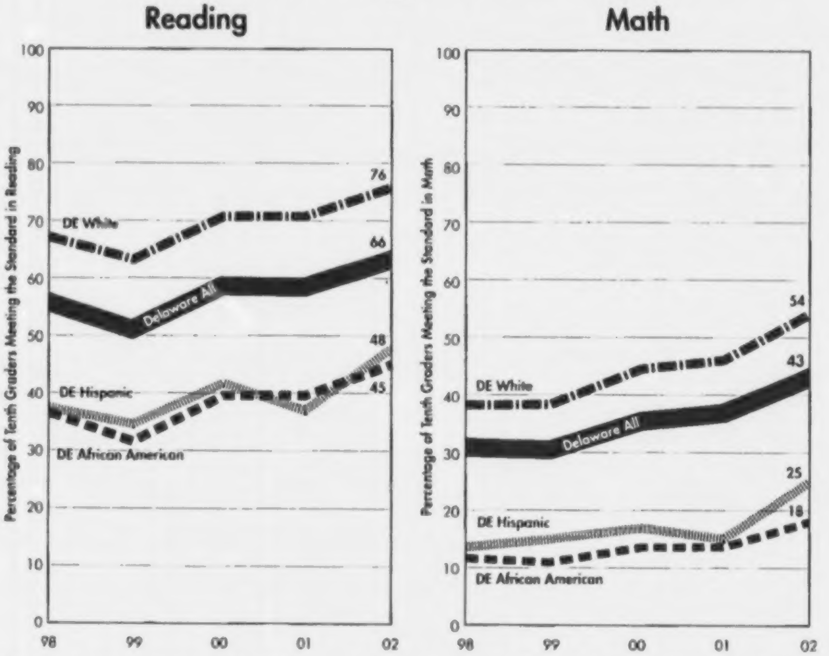
Grade 8 Meeting the DSTP Standard



Source: Delaware Department of Education

Note: White includes Native American and Asian.

Grade 10 Meeting the DSTP Standard



Source: Delaware Department of Education

Note: White includes Native American and Asian.

DSTP Proficiency Levels – Delaware State Testing Program

Students receive scores indicated by the following levels:

Level	Category/Description
5	Distinguished: Excellent performance
4	Exceeds the standard: Very good performance
3	Meets the standard: Good performance
2	Below the standard: Needs improvement
1	Well below the standard: Needs lots of improvement

DSTP Accountability

Student accountability begins with the 2002 DSTP. Students in grades 3 and 5 will be promoted if their DSTP reading is at level 3 or above. Students in grade 8 will be promoted if their DSTP reading and math is at level 3 or above.

Level 2 –
Students Below the Standard

- Promoted with an Individual Improvement Plan (IIP)
- IIP must be agreed to by the parents of the student
- IIP may include summer school and/or extra instruction during the school year

Level 1 –
Students Well Below the Standard

- Must attend summer school
- Must retake DSTP at the end of summer school
- School must have an IIP in place for a student at the end of summer
- If the student is still below the standard, the student will only be promoted in an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.

For more information see

Tables 37-44	p. 139-142

www.doe.state.de.us

www.doe.state.de.us/AAB/index.bak

Children Receiving Free and Reduced-Price School Meals

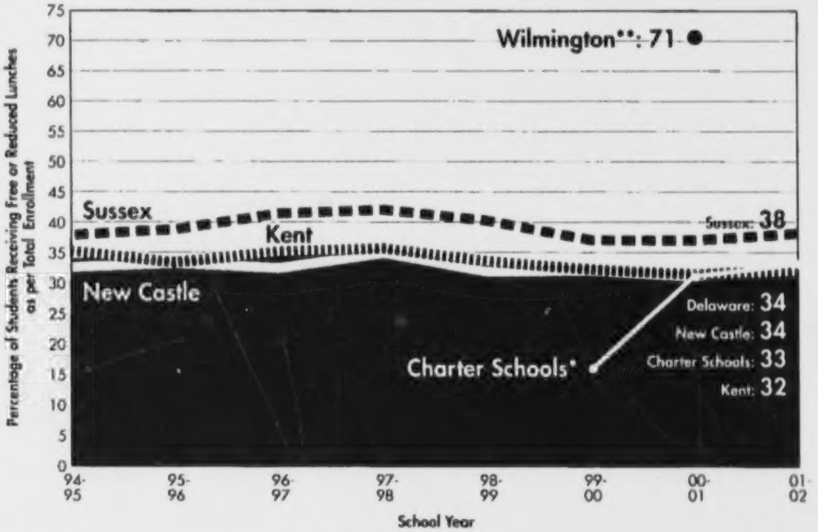
RECENT TREND IN DELAWARE **ABOUT THE SAME**

Intake of proper nutrition is imperative for the growth and educational achievement of children. Studies show that there is a significant relationship between eating breakfast and school performance, making the provision of meals at school integral to education. More than 26 million children, 66% of children aged 6 to 10 years, participate in the National School Lunch Program daily. For some 10-year-olds, approximately 50% to 60% of their total daily intake of energy, protein, cholesterol, carbohydrate, and sodium comes from school meals.[1]

[1] Johnson, R. K, Nicklas T. A. (1999). Dietary guidance for healthy children aged 2 to 11 years — Position of ADA. *Journal of the American Dietetic Association*, (99):93-101.

Free and Reduced-Price Lunches

Delaware, Counties*, Charter Schools**, and Wilmington***



* County data is not yet available for the 2000-2001 school year.
** Charter School data is available only for the 1999-2000 school year.
***Wilmington data is available only for the 2000-2001 school

Source: Delaware Department of Education

Did you know?

- Fifty years after the establishment of the School Lunch Program, the largest problem children are facing is obesity.[1]
- Obesity among children ages 12 to 19 increased to 14 percent in 1999, according to the Centers for Disease Control and Prevention. It is believed that the two main reasons for the increase are that children are doing less physical activity and they're consuming more high-calorie, refined foods.[2]
- Among schools that participated in the 2000 School Health Policies and Program Study, 68.1 percent offered a choice between two or more fruits or fruit juices daily at lunch.[3]
- In Delaware, schools are not required to offer breakfast or lunch, nor are schools required to offer two or more fruits or two or more vegetables.[4]

1,2,3 *The USDA School Lunch program: new approach to meeting the demands of child health and nutrition in the 21st Century.* The Clearing House, July-August 2002 v75 i6 p310(2).)

4 School Health Program Report Card: Delaware, http://www.cdc.gov/nccdphp/dash/shpps/report_cards/pdf/delaware.pdf)

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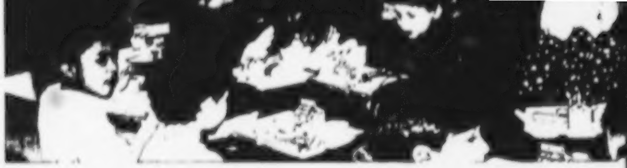


put data into action

According to a report from the Department of Health and Human Services, coordinating Medicaid outreach with the school lunch program can be very effective in reaching uninsured children. Under the Agricultural Risk Protection Act of 2000, school food authorities are permitted to share information from school lunch applications with State child health agencies to help identify uninsured children.

To adopt this option, a state must have a written agreement stating that shared information will facilitate enrollment, and families must be able to elect the option not to have the information on the school lunch application disclosed.

Source: Report from HHS "Enrolling and Retaining Low-Income Families and Children in Health Care Coverage August 2002.

Did you know?

The National School Lunch Program (NSLP), begun in 1946, provides states federal reimbursement and other assistance in establishing, maintaining, and operating a school lunch program.

To participate in the NSLP, schools and institutions must agree to:

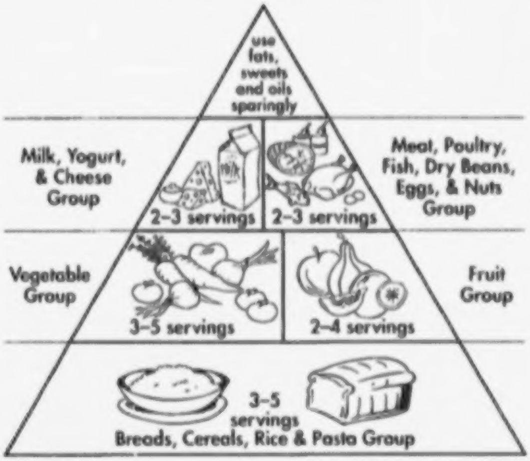
- Operate food service for all students without regard to race, color, national origin, sex, age, or disability.
- Provide free and reduced price lunches to students unable to pay the full price based on income eligibility criteria. Such students must not be identified nor discriminated against in any manner.
- Serve lunches that meet the nutritional standards established by the Secretary of Agriculture.
- Operate the food service on a nonprofit basis.

A basic amount of Federal financial assistance is provided for all lunches served, whether paid, reduced-price, or free. The Department of Agriculture also provides donated commodities for lunches served under the program.

The lunch pattern is designed to provide, over a period of time, approximately one-third of a student's Recommended Dietary Allowance for key nutrients and calories. Meals are planned to include foods from the Food Guide Pyramid.

Source: Delaware Department of Education, Available from www.childnutrition.doe.state.de.us/childnutrition/lunchprog.htm

The Food Guide Pyramid


use fats, sweets and oils sparingly
Milk, Yogurt, & Cheese Group
2–3 servings
2–3 servings
Meat, Poultry, Fish, Dry Beans, Eggs, & Nuts Group
Vegetable Group
3–5 servings
2–4 servings
Fruit Group
3–5 servings
Breads, Cereals, Rice & Pasta Group

School meals provide:

– 45% of total daily intake of iron

– 22% total energy

– 39% of total energy from fat

– 77% of total daily intake of calcium

Source: Johnson, R. K, Nicklas T. A. (1999). Dietary guidance for healthy children aged 2 to 11 years — Position of ADA. *Journal of the American Dietetic Association*, (99):93-101.

For more information see

Table 36	p. 138

http://childnutrition.doe.state.de.us/
www.feedingchildrenbetter.org

High School Dropouts

RECENT TREND IN DELAWARE **ABOUT THE SAME**

Receiving a high school diploma displays that an individual has attained the standards in writing, reading and mathematics required to be a productive member of society. Without graduating, a young person is left without the credentials to get many jobs, and thus receive a higher wage, or the skills necessary to go on to higher education.[1] *There are many reasons that students give for dropping out of high school. Getting poor grades, having difficulties with teachers, pregnancy, marriage, having friends who drop out and being expelled or suspended from school all lead students to leave school.*[2]

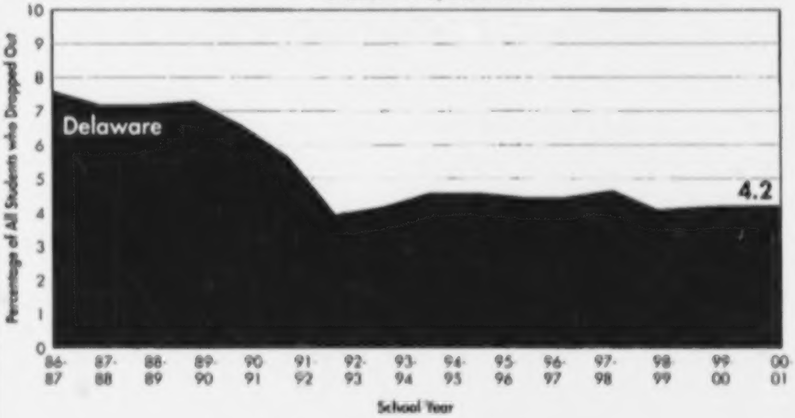
---

[1] Federal Interagency on Statistics. *America's Children: Key National Indicators of Well-Being, 2002.* Federal Interagency Forum on Children and Family Statistics, Washington, DC: U.S. Government Printing Office.

[2] Schwartz, W. (1995). *School dropouts: New information about an old problem.* ERIC Clearinghouse on Urban Education. 109. Available from: www.ed.gov/databases/ERIC_Digests/ed396515.html

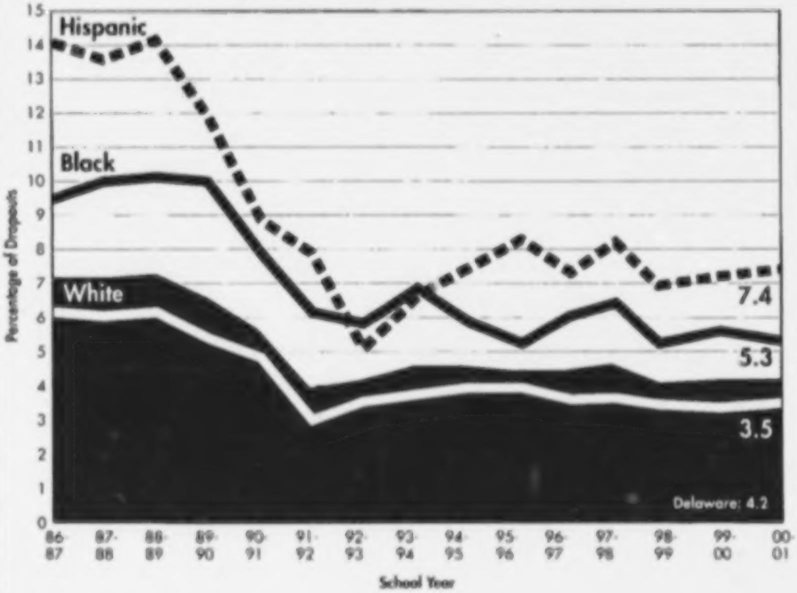
Public High School Dropouts

Grades 9–12, Delaware



Public High School Dropouts

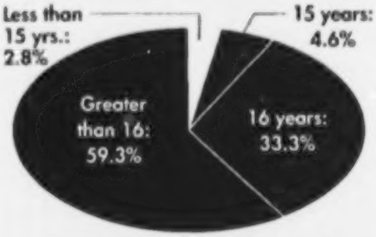
Grades 9–12, Delaware by Race and Ethnicity



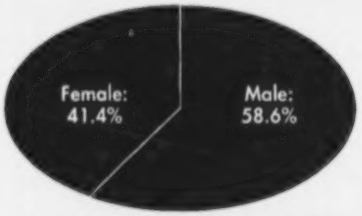
Source: Delaware Department of Education

Dropouts

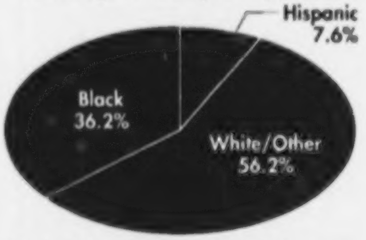
by Age, Gender, and Racial/Ethnic Group
School Year 2000–2001



Percentage of all dropouts by age



Percentage of all dropouts by gender

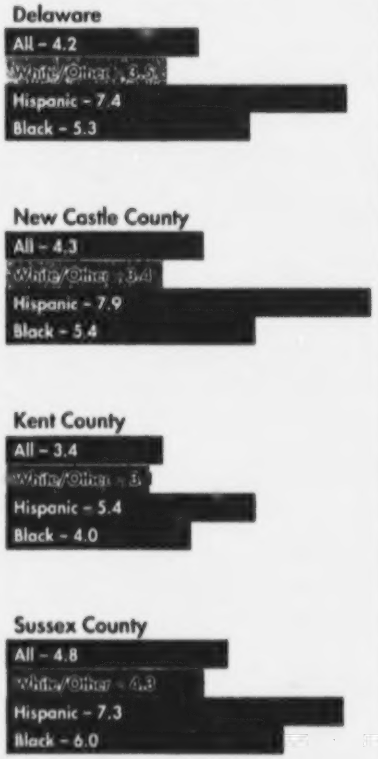


% of all dropouts by racial/ethnic group

Source: Delaware Department of Education

Dropout Rates

by Racial/Ethnic Group
School Year 2000–2001



Delaware Average: 4.2

Source: Delaware Department of Education

Definition:

Teens Not Graduated and Not Enrolled – youths 16–19 who are not in school and not high school graduates

put data into action

In 1997, Delaware created a statewide Stay in School/Return to School program. The purpose of this program is to help at-risk youth stay in school, encourage those who have dropped out to return, and provide participants with the opportunity to develop the academic, life management and employability skills necessary to get promoted, graduate, and become employed and self-sufficient.

Both the Delaware Technical Community College and the Salvation Army provide mentoring and work with participants to design personal development plans.

Source: Delaware Stay in School Program at www.financeprojectinfo.org/WIN/promising/delawarestayinschool.htm

Did you know?

According to a report from U.S. Department of Education titled, "The Condition of Education 2001", parental involvement in education decreases as the student progresses in grades. Parent/guardian attendance to school meetings drops by 27 percent by the time a student reaches high school and attendance to school events/activities drops by 26 percent once a child begins high school.

Source: Child Trends Databank Organization; http://www.childtrendsdatabank.org/tables/39_Table_1.htm

For more information see

Table 17	p. 128
Tables 33-44	p. 139-142
www.jobcorps.org	

66

kids count INDICATOR

Teens Not in School and Not Working

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **ABOUT THE SAME**

Those who have dropped out of school are clearly vulnerable, but many young persons who have finished school but are not working also belong to a marginalized group. Work experience at this point in life is critical, and people who spend a large share of their young adult years unemployed have a hard time finding and keeping a job later in life. When young people are not involved in education or work, they are more likely to become disengaged from mainstream society, participate in criminal activity, or other risk-taking behaviors. [1]

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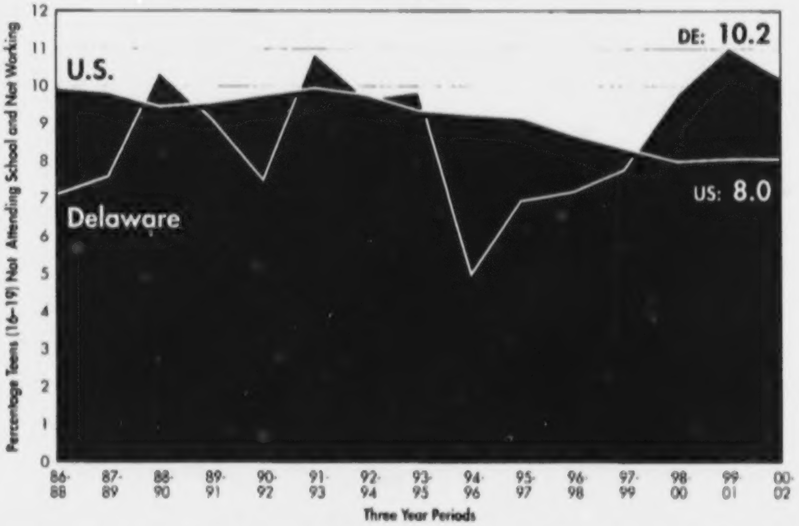
[1] Kids Count Data Book Online (2002). Teens not in school and not working. Available from: http://www.aecf.org/kidscount/kc2002/summary/summary9.htm

Teens Not in School and Not Working

Delaware Compared to U.S.



Note: Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout. This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

Source: Center for Applied Demography and Survey Research, University of Delaware

put data into action

Offer your support:

- Support safe places in the community that offer productive activities for teens, connect youth to caring adults, strengthen teens' commitments to schools, and provide opportunities for young people to contribute to their community and society.
- Support programs, such as Junior Achievement, which help youth understand business, value education, and be workforce ready.
- Many middle-class teens get their jobs through a network of informal contacts. Low-income teens are less likely to have these kinds of connections to employers and places of employment. Hire a teen who may not have these connections or encourage local businesses to reach out to such youth.

Suspensions and Expulsions

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. During the 2000–2001 school year, a total of 31,589 suspensions were reported in Delaware's public schools. Five percent of these suspensions occurred in grades K-3. Approximately 50% of the suspensions involved students from grades 4-8 and the remaining 45% of suspensions happened at the high school level, grade 9-12. Suspensions were the result of various infractions, including defiance of authority and fighting.

It is important to know that the duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.

Definition:

Teens Not in School and Not Working – teenagers 16–19 who are not in school and not employed

Expulsions and Suspensions

Delaware Schools, 2000–2001

County	Enrollment	Number of Expulsions	Number of Suspensions*
Delaware	115,517	100	31,589
New Castle	68,648	72	24,355
Kent	24,979	18	3,833
Sussex	21,890	10	3,401

*Suspensions may include duplicate students

Note: Most frequent infractions resulting in Suspensions were Defiance of School Authority, Fighting, General Disruption. Most frequent infractions resulting in Expulsion were Drug Use or Possession, Assault/Battery.

Source: Delaware Department of Education

put data into action

Warning signs of trouble at school

- Declining grades
- Emotionally disruptive situations such as divorce, moving schools or other losses
- Sudden boredom, anger or dislike of school
- Complaining about teachers attitudes
- Problems with bullies
- Suddenly shifting or loss of all friends
- Continual little problems at school, such as running in halls, talking or gum violations that could escalate
- Change in how the school seems to view the child

Source: Quick Guide to preventing suspensions and expulsions. Student Advocacy Center of Michigan. Available from: http://comnet.org/sac/qgpreven.htm.

Did you know?

In 1999:

- 1.3 million U.S. teens between the ages of 16 and 19 were neither enrolled in school nor working.
- African-American and Hispanic youth were twice as likely as white youth to be idle.

Source: Kids Count Data Book Online (2002) Teens not in school and not working. Available from: http://www.aecf.org/kidscount/kc2002/summary/summary9.htm

For more information see

Tables 37-44	p. 139-142
Table 82	p. 159

www.dropoutprevention.org

www.childrensdefense.org

kids count INDICATOR

Post-Secondary Education

Succeeding in the workforce, and therefore having a strong economic base, requires that personal skills match those required by the job. Also individuals must be able to go where jobs are available and support services like child care and transportation are accessible. Many young people prepare for a career with the help of post-secondary education and job training programs, however there are many young people who struggle to find a place in the workplace with limited training.[1]

In many of the nation's cities, more than 50 percent of entering ninth graders leave high school without their diploma. About 2.4 million young people do not have either a high school diploma or General Equivalency Diploma (GED). Those who leave school without a diploma or GED face a lifetime of low-wage jobs, where hard work and long hours cannot provide enough income to support a family or raise them out of poverty.[2] *It is important to support young people as they go through high school to ensure graduation, but it is just as important to develop young people so that they can also enter post-secondary education or training so that they can secure a more solid economic future.*

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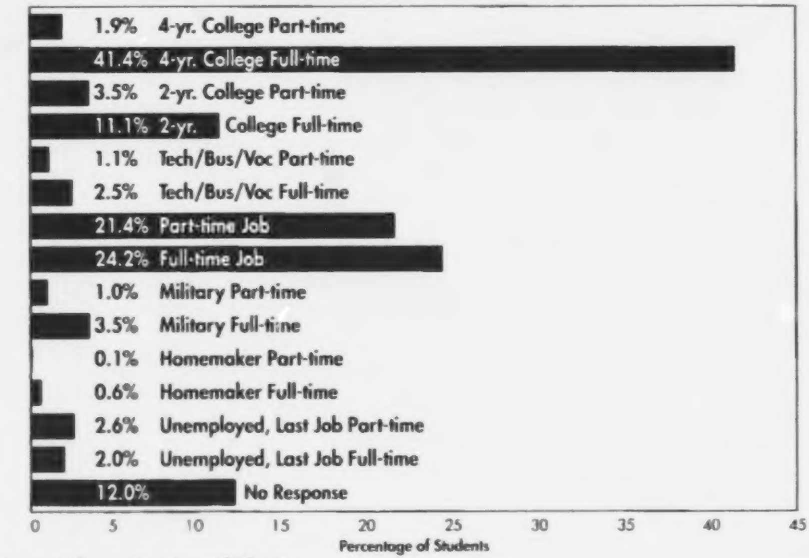
[1] Connect For Kids website: www.connectforkids.org

[2] Pines, M. (2002). Falling short on youth development. Connect for Kids website. Available from: http://www.connectforkids.org/resources3159/resources_showhtm?attrib_id=5019&doc_id=71386&parent=82335

9 Months after Graduation

Delaware High School Students, 9 months after 2001 Graduation



Source: Delaware Department of Education

put data into action

Visit these websites:

Jobs for the Future: www.jff.org/jff/
This website provides information to help at-risk young people have access to the skills and training that they need to get better jobs.

Department of Education: www.ed.gov
The federal Department of Education has useful information on all levels of education, as well as information on financing post-secondary endeavors.

State of Delaware's Department of Education: www.doe.state.de.us
The state level website has information about scholarships and educational opportunities in the state.

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Delaware Children Speak about Education

Survey results are from the 2002 Delaware Youth Tobacco Survey prepared by the Center for Drug and Alcohol Studies, University of Delaware. See page 46 for more information.

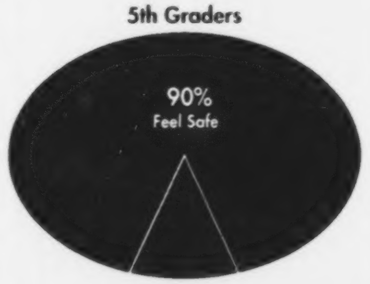
The drive to raise academic standards in education has been in the forefront of the American public for the past decade. However, there is more to educational achievement than testing and standards. People are deeply concerned about issues beyond the academic arena and national surveys consistently show that drugs, crime, safety, and discipline are considered major problems facing education.

The Public Agenda Public Opinion and Policy Analysis Organization has examined what teens want from their schools and their parents and found that teens value adults, be they parents or teachers, who pay close attention to their progress, provide structure and insist on responsibility. Families play strong roles in how children succeed in school with parental involvement a highly consistent indicator of teens' success in school. School itself seems to be a factor in teens' educational achievement. Adolescents who feel their teachers are supportive, interested, and have high hopes for their educational future are more likely to be motivated to succeed in school.

Here, Delaware children report on their views of education.

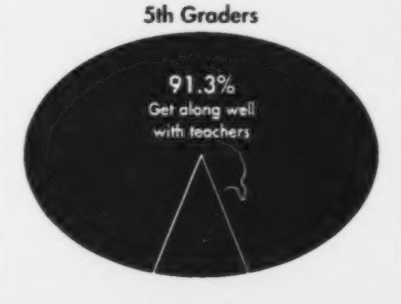
School Safety

I feel safe in my school.
Delaware, 2002



Teachers

I get along well with teachers at school.
Delaware, 2002



Source for all graphs on this page: 5th graders: 7,248 responses. 8th graders: 6,753 responses. 11th graders: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

For more information see

www.state.de.us/drugfree/data.htm

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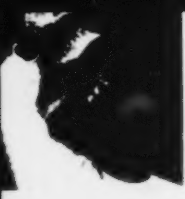


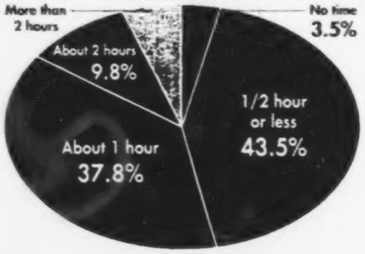
Delaware Children Speak
about Education

Studying

Delaware, 2002

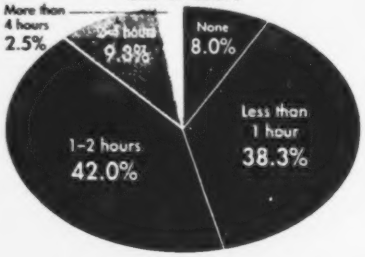
How much time do you spend on a school day (before or after school) doing schoolwork at home?

5th Graders

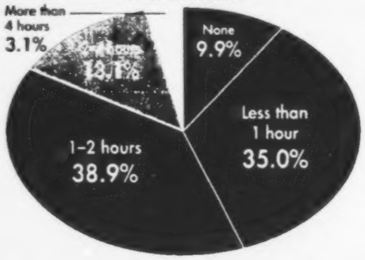


How much time do you spend on a school day (before or after school) studying or doing homework outside of school?

8th Graders



11th Graders



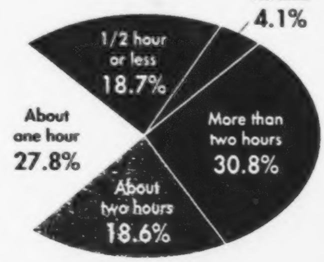
Source: 5th graders: 7,248 responses. 8th: 6,753 responses. 11th: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Television

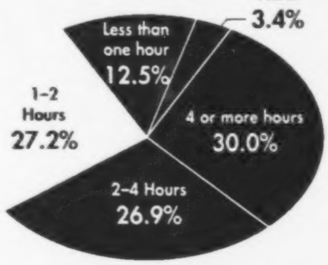
How much time do you spend on a school day watching TV?

Delaware, 2002

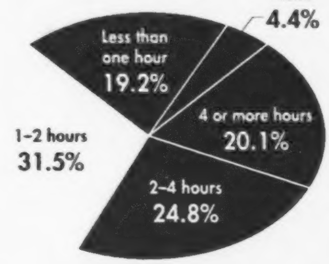
5th Graders



8th Graders



11th Graders



Source: 5th graders: 7,248 responses. 8th: 6,753 responses. 11th: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

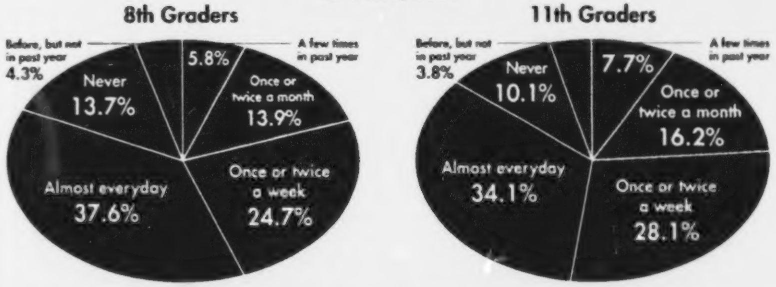
More than one out of every six kids (17%) watches more than five hours of TV a day. Children do not watch TV with their parents 95% of the time. In 1970, 6% of 6th graders had a TV in their bedroom, compared to 77% of sixth graders in 1999.

In a typical week, kids spend: 19 hours watching TV, 10 hours listening to music, 5 hours reading for pleasure, 2.5 hours using computers for fun, and 2 hours playing video games.

Source: Rideout, V., Foehr, U., Roberts, D. and Brodie, M. (1999). Kids & media @ the new millennium. A Kaiser Family Foundation Report.

Parental Involvement

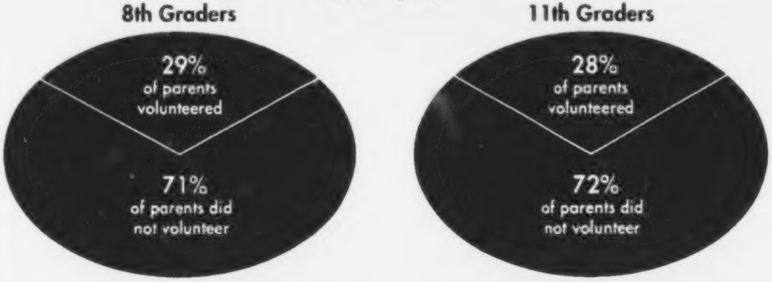
How often do you talk to either of your parents about how things are going at school?
Delaware, 2002



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Parents Volunteer

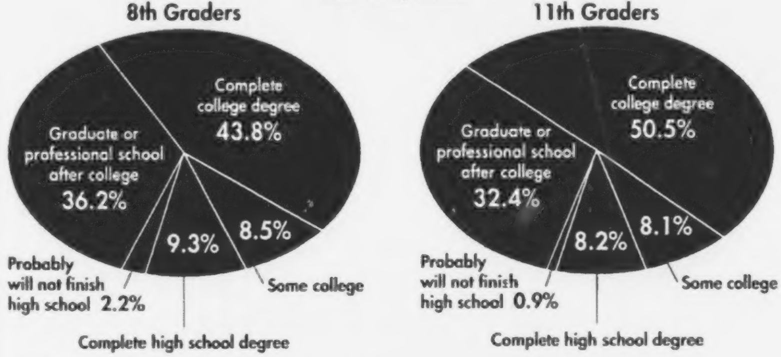
This school year, did one or both of your parents volunteer to come to the school to help the school in any way?
Delaware, 2002



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Finishing School

How much schooling do you think you will complete?
Delaware, 2002



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

For more information see
www.state.de.us/drugfree/data.htm

OW

Family Environment & Resources

Births to Teens 15–17

DELAWARE COMPARED TO U.S. AVERAGE **SIMILAR**

RECENT TREND IN DELAWARE **GETTING BETTER**

Pregnancy that occurs in the teenage years can have long-term implications for the young woman and her offspring. For many teen mothers, a shaky future awaits them because of health, educational, and financial instability.[1] Approximately 52% of mothers who are on welfare had their first child as a teenager, and 2/3 of families that started with a young unmarried mother are poor.[2] Research shows that when parents and children have a higher level of connectedness, the young person is much more likely to delay first intercourse. Furthermore, parent attitudes towards sexuality, whether positive or negative, are also associated with the age of first sexual intercourse.[3]

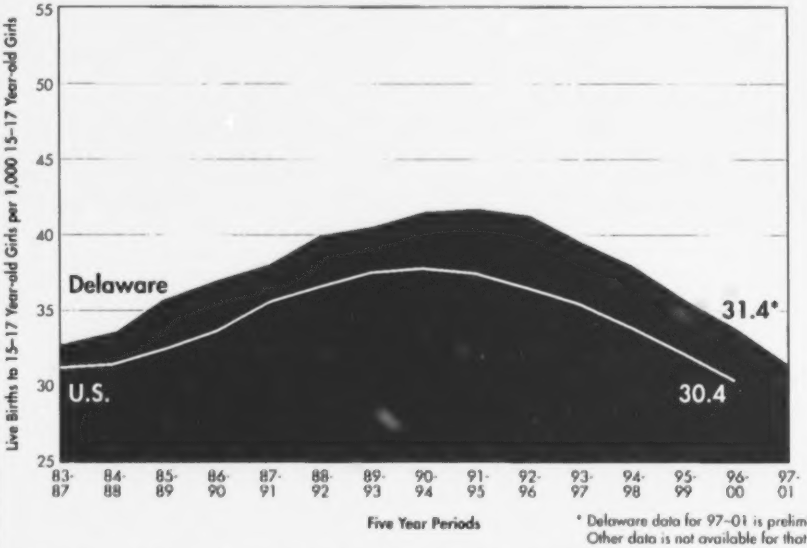
[1] *2002 Rhode Island Kids Count Fact Book*

[2] Not just another single issue: Teen pregnancy prevention's link to other critical social issues (February 2002). Washington D.C.: The National Campaign to Prevent Teen Pregnancy.

[3] Blum, R.W. (2002). Mother's influence on teen sex: Connections that promote postponing sexual intercourse. Center for Adolescent Health and Development, University of Minnesota.

Births to Teens 15–17

Delaware Compared to U.S.

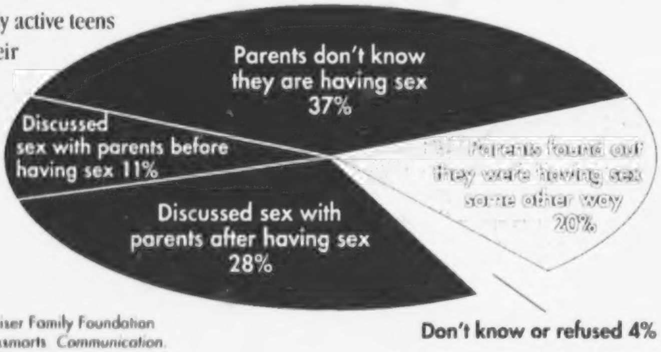


* Delaware data for 97–01 is preliminary. Other data is not available for that period.

Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

Did you know?

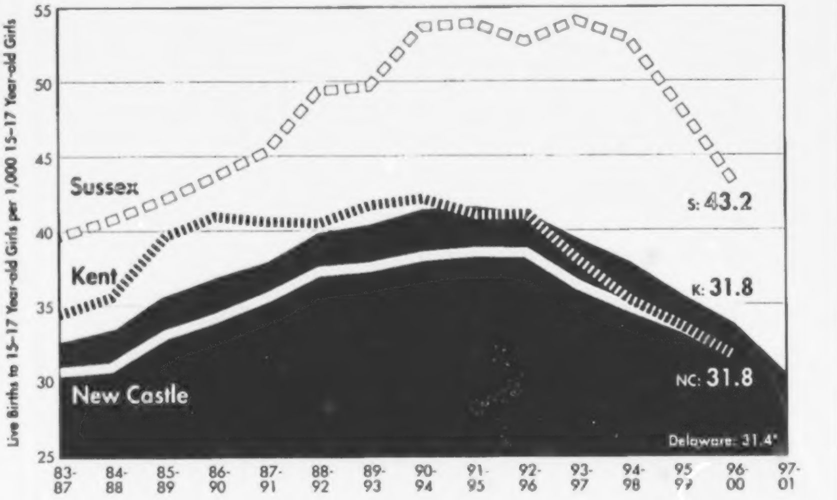
Answers from sexually active teens who were asked if their parents knew they were having sex:



Source: The Henry J. Kaiser Family Foundation (July 2000). Sexsmarts: Communication.

Births to Teens 15-17

Delaware and Counties



* Delaware data for 97-01 is preliminary. Other data is not available for that period.

Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

Definition:

Birth Rate– number of births per 1,000 females in the same group

Did you know?

The National Campaign to Prevent Teen Pregnancy and several other organizations, including Boys and Girls Clubs of America and National Association of Child Advocates, sponsored the first ever, National Prevent Teen Pregnancy Day in May 2002. These same organizations, along with a host of others, will sponsor the second annual National Prevent Teen Pregnancy Day this coming May.

Although teen birth rates are declining, **4 out of 10 girls in the U.S. get pregnant at least once by age 20**. Many teens say they are concerned about pregnancy, but still think "it can't happen to me." And the number one reason teen guys and girls give for not using protection is that they weren't planning to have sex and that it "just happened."

Source: The National Campaign To Prevent Teen Pregnancy: http://www.teenpregnancy.org/national/default.asp

put data into action

Research shows that themes of effective programs related to teen sexual behavior include:

- Voluntary community service
- Group discussion, papers or journaling
- Participation in sports
- Delayed involvement in romantic relationships
- Focus on abstinence values among teens
- Strong mother-child relationship in which the mother promotes delaying sexual activity

Source: Manlove, J., Terry-Human, E., Romano Papillo, A., Franzetta, K., Williams, S., Ryan, S. (2002). Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows. Child Trends Research Brief.

Did you know?

- 13% of all U.S. births are to teens.
- 1 in 5 infants born to unmarried minors are fathered by men 5 or more years older than the mother.
- 78% of births to teens occur outside of marriage. Teens now account for 31% of all non-marital births, down from 50% in 1970.
- 1/4 of teenage mothers have a second child within 2 years of their first.
- 56% of teen pregnancies end in birth.

Source: Facts in brief: Teen sex and pregnancy. The Allen Guttmacher Institute. Available from: www.agi-usa.org/pubs/fb_teen_sex.html.

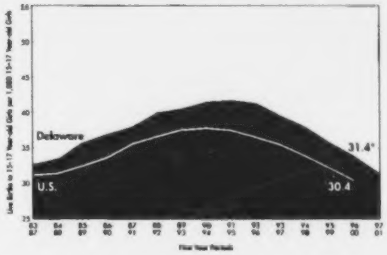
Births to Teens 15–19

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **GETTING BETTER**

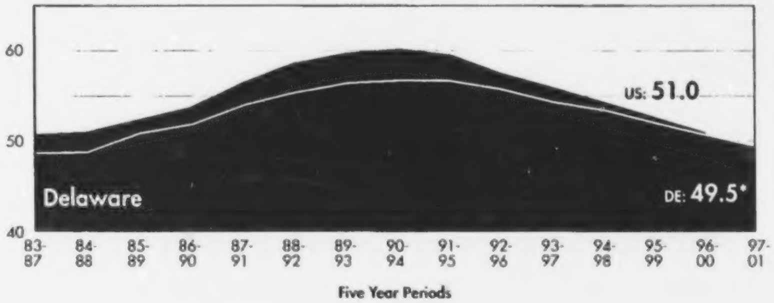
Birth rates in Delaware for girls 15–17 and girls 15–19 are now reaching U.S. rates.

Births to Teens 15-17



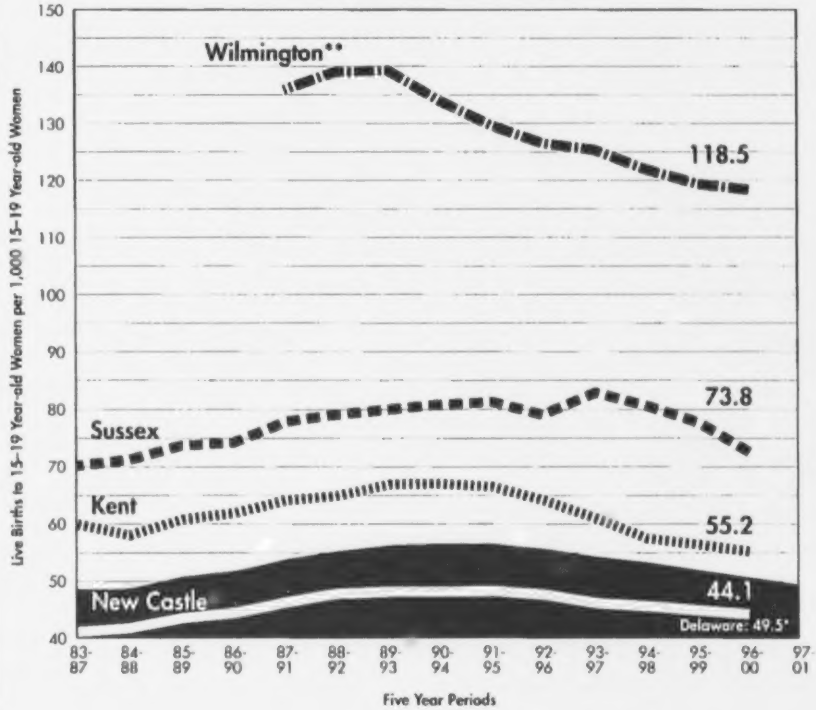
Births to Teens 15-19

Delaware Compared to U.S.



Births to Teens 15-19

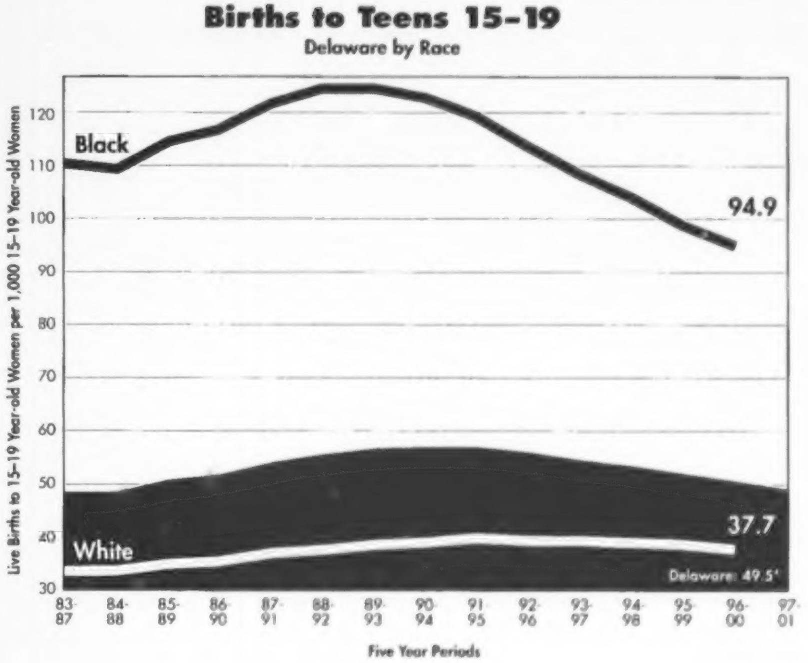
Delaware, Counties, and Wilmington

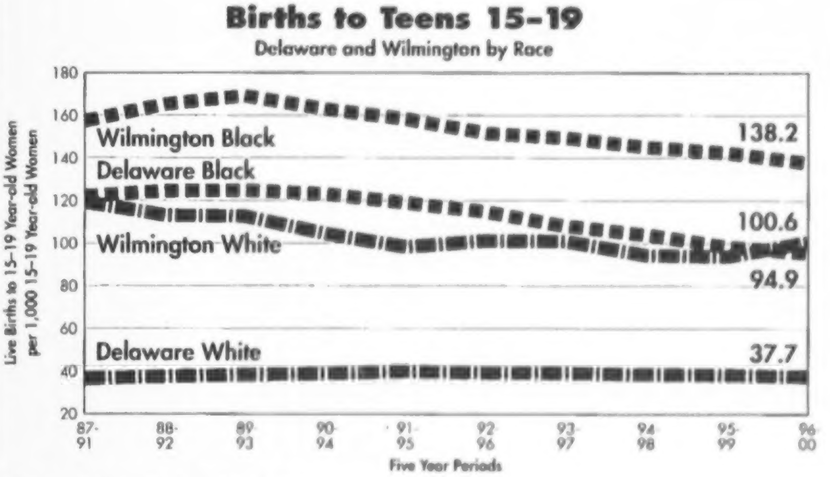


* Delaware data for 97-01 is preliminary. Other data is not available for that period.

** Wilmington data is not available before the 1987-1991 period.

Sources: Delaware Health Statistics Center





Sources: Delaware Health Statistics Center

Did you know?

Parents who have a high quality relationship with their child, and who communicate regularly with them are much less likely to initiate sex at an early age. Parents who also talk about sex and birth control with their teens are more likely to exhibit healthy sexual behavior. Also, parents who monitor their teens activities also tend to be less sexually active.

Source: Manlove, J., Terry-Human, E., Romano Papillo, A. Franzetta, K., Williams, S., Ryan, S. (2002). Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows. *Child Trends Research Brief.*

For more information see

Table 9	p. 121
Tables 13-14	p. 124-125
Tables 45-49	p. 143-146
Table 55	p. 149

www.teenpregnancy.org

www.agi-usa.org/sections/youth.html

www.agi-usa.org/pubs/fb_teen_sex.html

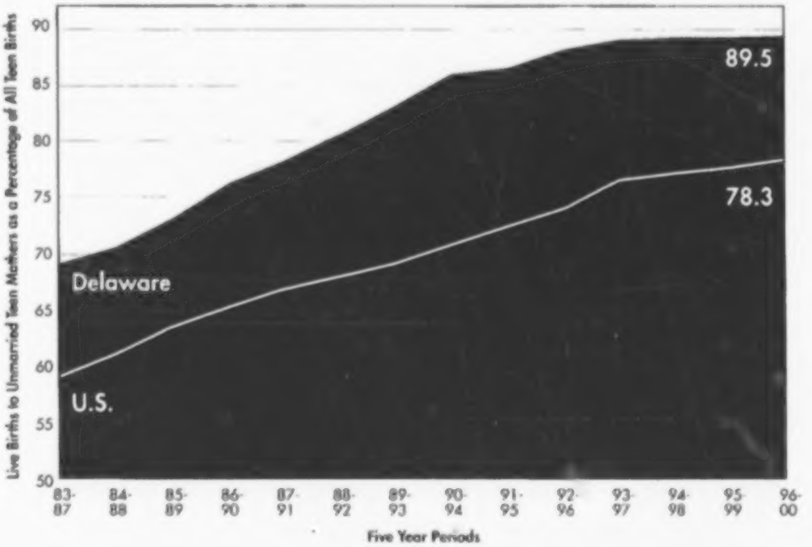
Births to Unmarried Teens

DELAWARE COMPARED TO U.S. AVERAGE WORSE

RECENT TREND IN DELAWARE ABOUT THE SAME

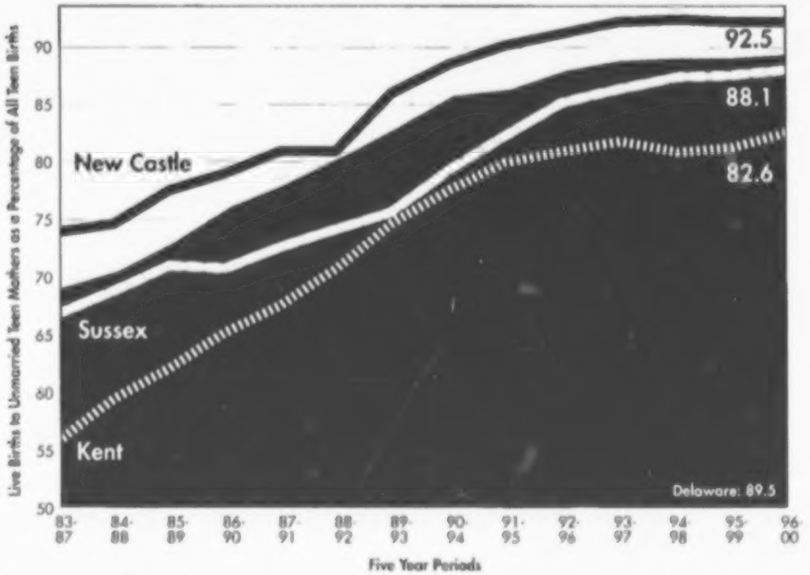
Births to Unmarried Teen Mothers

Delaware Compared to U.S.



Births to Unmarried Teen Mothers

Delaware and Counties



Sources: Delaware Health Statistics Center

For more information see

Table 55 p. 149

No Parent with Full-time Employment

DELAWARE **COMPARED** TO U.S. AVERAGE **BETTER**

RECENT **TREND** IN DELAWARE **GETTING BETTER**

Nationally, the median level of the Economic Policy Institutes basic family budget, one that covers the minimum necessary costs for safe and decent housing, food, health care, child care, transportation and other household necessities, and accounts for all taxes, is $33,511 for a two- parent, two-child family. This is nearly twice that of the official federal poverty line of $18,244 for a family that size, and substantially more than the earnings of the typical low-wage worker.[1] *For families with no parent working full-time, the chances of meeting these minimum standards is greatly lowered. Without full-time employment, many of the basic needs of parents and children are unattainable.*

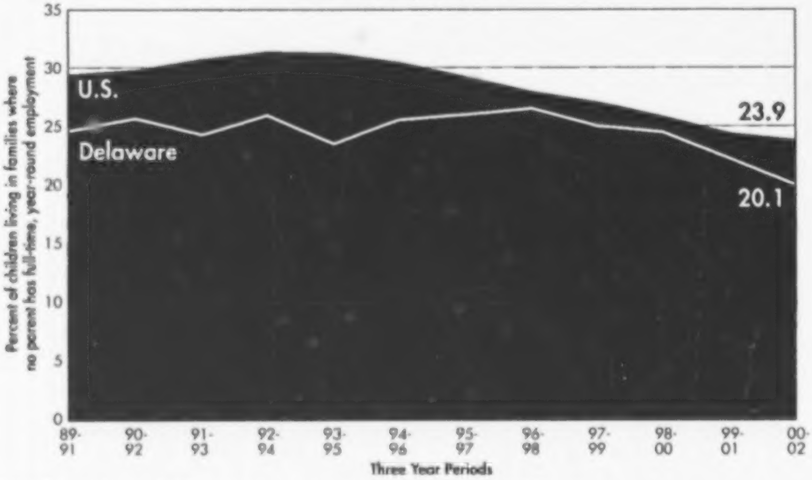
The Center on Budget and Policy Priorities reports that, in fact, a majority of poor families have one or more adults who are employed. These poor families are thus experiencing "poverty despite work."[2] *With or without full-time work, many families have to depend on food pantries and homeless shelters. If families struggle even with full-time employment, those that only have part-time work are much more vulnerable.*

[1] Schaffner Goldberg, G., and Collins, S. (February 2002) Special Report 2: The right to work and welfare. National Jobs for All Coalition.

[2] Schaffner Goldberg, G., and Collins, S. (February 2002) Special Report 2: The right to work and welfare. National Jobs for All Coalition.

Children with Underemployed Parents

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

Did you know?

Even in the boom year of 1999, 30 million people were jobless, forced to work part-time, or worked year-round for less than the four-person Federal poverty level.

Source: Schaffner Goldberg, G., and Collins, S. (February 2002). Special Report 2: The right to work and welfare. National Jobs for All Coalition.

A study of low-income families conducted at Ohio State found that:

- Half of the mothers in the study worked from one to three jobs, averaging 32 hours per week.
- About 60% of the participants were either married or living with a partner. Of those families, 82% of the husbands or partners were employed.
- Only about 20% of the families receive cash assistance (Temporary Assistance for Needy Families).
- More highly educated mothers were more likely to work less than 40 hours per week; those with less education were more likely to be working more than 40 hours.

Source: College of Human Ecology at Ohio State (2002) Human Ecology News: Study examines rural low-income families in light of welfare reform. Available from: http://www.hec.ohio-state.edu/news/research/rural_low_income.htm

For more information see

Tables 50-60	p. 147-151

kids count INDICATOR

in Poverty

DELAWARE **COMPARED** TO U.S. AVERAGE **BETTER**

RECENT **TREND** IN DELAWARE **GETTING BETTER**

Being raised in poverty ($18,244 or less in 2002 for a family of four with two children) puts children at increased risk for a wide range of problems. For young children, growing up in poverty is associated with lower cognitive abilities and school achievement and with impaired health and development. For adolescents, growing up in poverty is associated with a lower probability of graduating from high school. Also, growing up in poverty is associated with lower occupational status and a lower pay rate as an adult. The problems associated with being raised in severe poverty (less than 50 percent of the poverty threshold) are correspondingly worse. [1]

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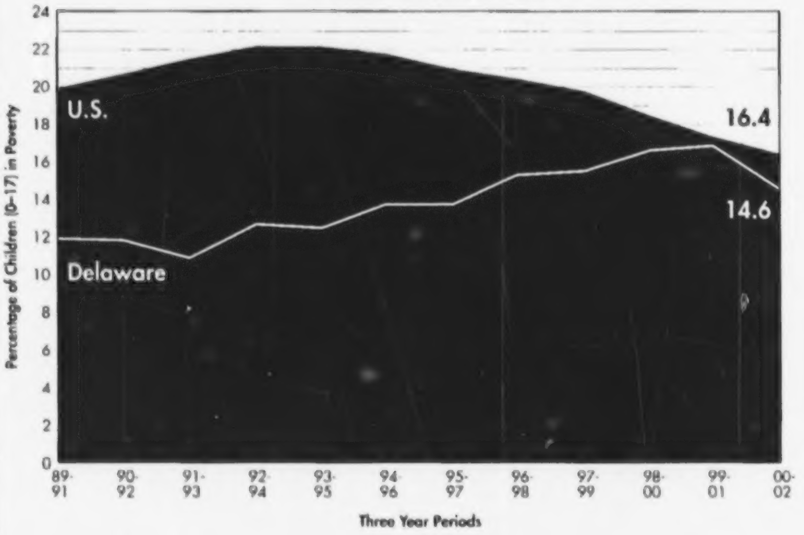
[1] Children in Poverty at www.childtrendsdatabank.org/income/poverty/4poverty.htm

Children in Poverty

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

put data into action

The Annie E. Casey Foundation has developed a national initiative, "Making Connections," to address the needs of low-income neighborhoods. The basis of Making Connections is that children do well when families do well. Children succeed and families are strong when they live in neighborhoods that connect them to:

- Economic opportunities including jobs with adequate wages, affordable child care and health care, and opportunities to build savings and assets.
- Social networks including supportive relationships with kin, neighbors, faith communities, and civic groups. These networks provide resources and reduce stress and isolation.
- Supportive services such as high-quality child care, high-performing schools and adult education, safe and affordable housing, recreation programs and libraries, and access to prevention and crisis-response services.

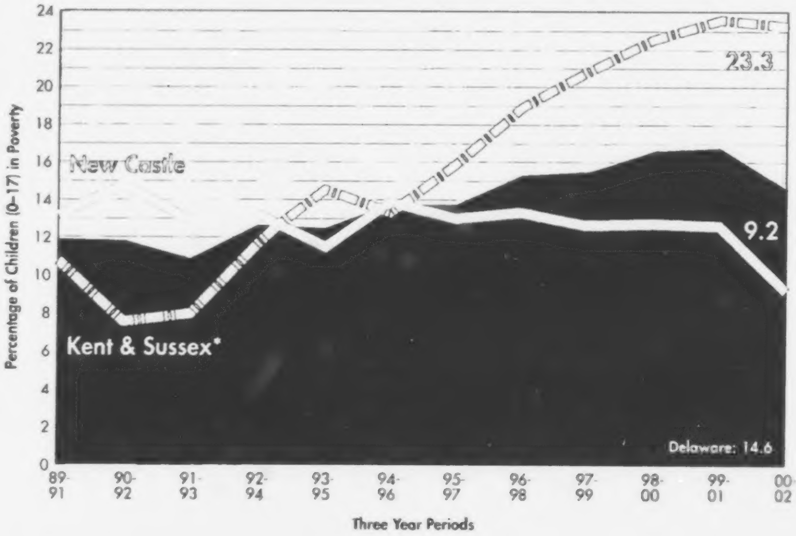
Source: Rhode Island Kidscount Issue Brief, September 2002

Definition:

Children in Poverty – in 2002 the poverty threshold for a one-parent, two child family was $14,494. For a family of four with two children, the threshold was $18,244.

Children in Poverty

Delaware and Counties

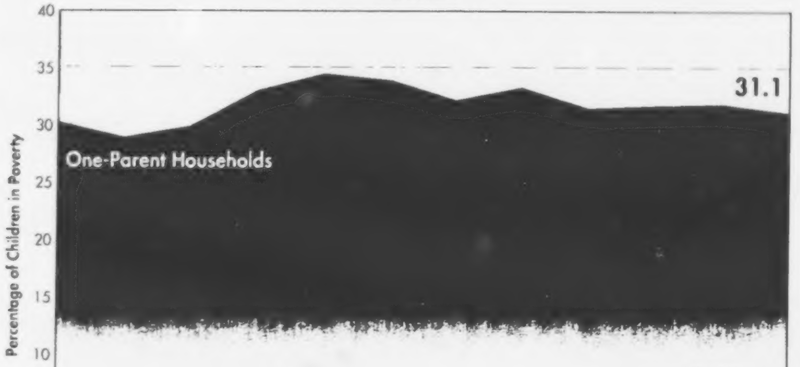


* Kent and Sussex County data are not available separately.

Source: Center for Applied Demography and Survey Research, University of Delaware

Children in Poverty by Household Structure

Delaware

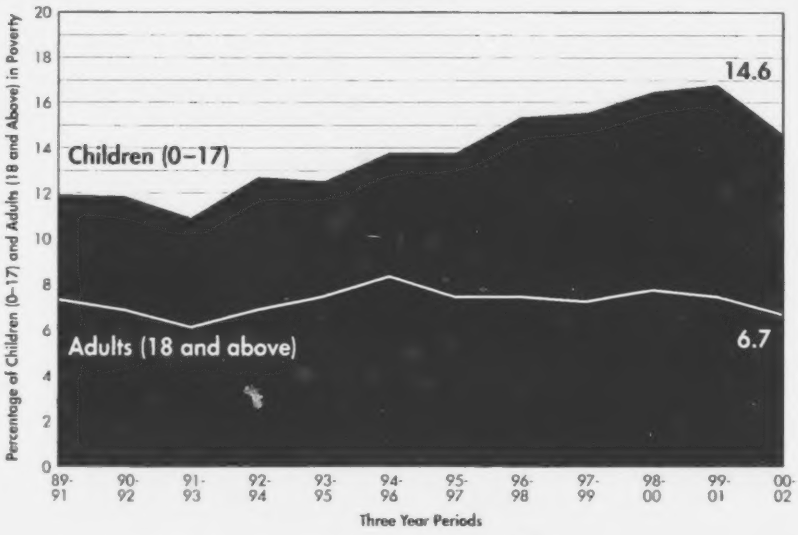


Source: Center for Applied Demography and Survey Research, University of Delaware

Both child care and housing costs account for the majority of the budget for Delaware families with children. Among families with one adult and one child, child care costs average about 19-23% of family budgets, while housing costs range from 30-34%.

Source: The Self-Sufficiency Standard for Delaware at www.mwul.org

Children in Poverty


Children and Adults in Poverty

Delaware

Source: Center for Applied Demography and Survey Research, University of Delaware

Did you know?

How much money does it take for families to live and work without public or private assistance or subsidies?

The Metropolitan Wilmington Urban League and Wider Opportunities for Women released *The Self-Sufficiency Standard for Delaware* detailing specific data for each of the Delaware's counties and urban areas on the actual costs of meeting a family's basic needs. According to the federal poverty measure, a family of three in the U.S. earning above $15, 020 is deemed to be "not poor." By contrast, the Self-Sufficiency Standard for Delaware reveals that a single-parent family living in New Castle County with one preschooler and one school-age child requires $35,387 to meet its basic needs.

- City of Dover – an adult with a preschool child needs $12.18 an hour.
- City of Newark – in a two-parent family with two children, each adult would need to earn $10.36 an hour or $43,773.
- In Sussex County – an adult with one preschool child and one school-age child would need $13.09 an hour or $2,303 per month
- City of Wilmington – a single mother with one preschooler and one school-age child needs an annual income of at least $36,859 to meet her most basic expenses

The full report may be downloaded at: http://www.sixstrategies.org/includes/productviewdetailsinclude.cfm?productID=454&strProductType=resource.

Source: *Child Poverty Fact Sheet* (2001). The Self-Sufficiency Standard for Delaware at www.mwul.org

For more information see

Tables 50-60	p. 147-151
Table 82	p. 159

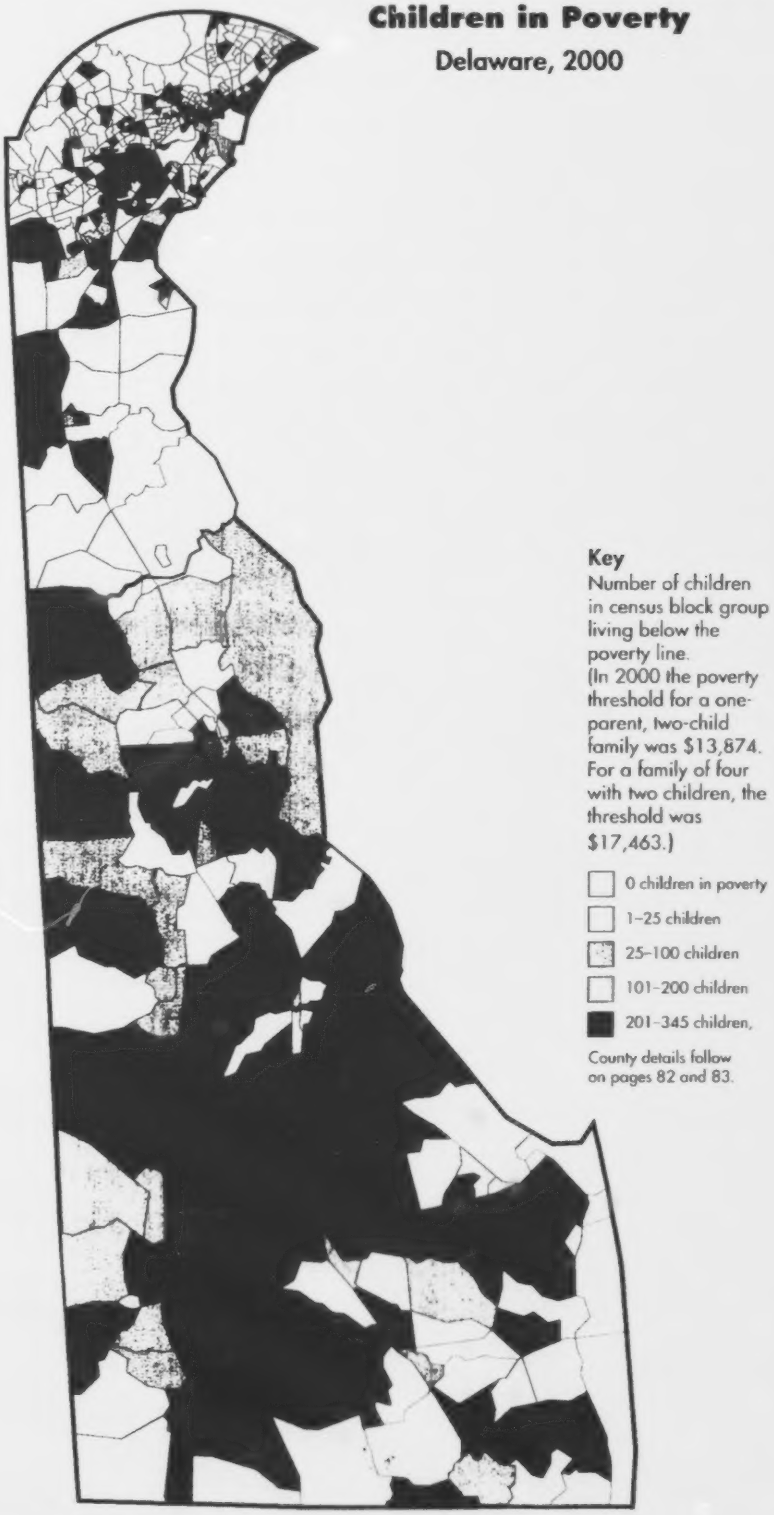
www.childrensdefense.org

www.nccp.org

www.mwul.org

Children in Poverty

Delaware, 2000



Key

Number of children in census block group living below the poverty line.
(In 2000 the poverty threshold for a one-parent, two-child family was $13,874. For a family of four with two children, the threshold was $17,463.)

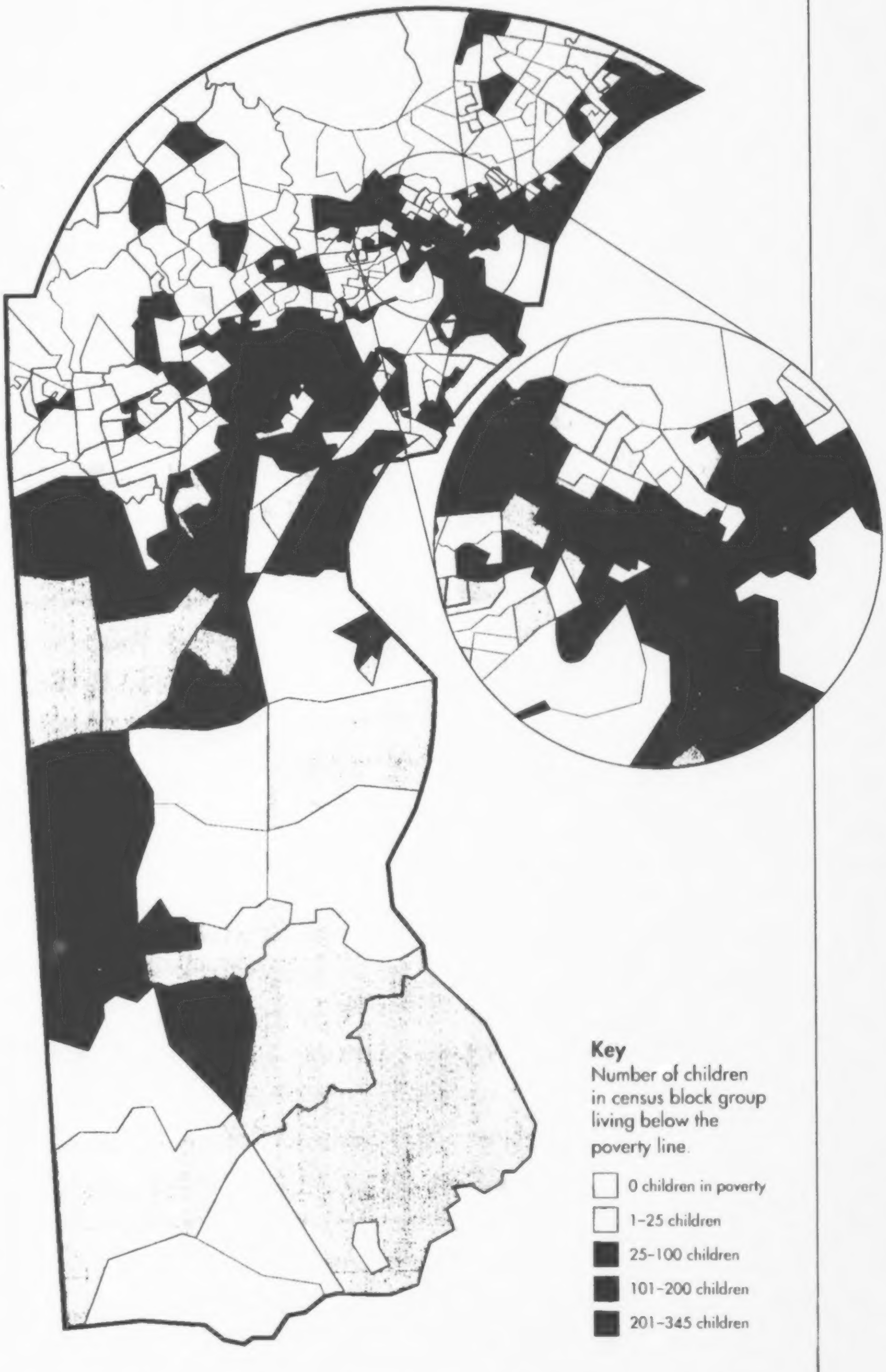
- ☐ 0 children in poverty
- ☐ 1–25 children
- ▨ 25–100 children
- ☐ 101–200 children
- ■ 201–345 children,

County details follow on pages 82 and 83.

Source: Center for Applied Demography and Survey Research, University of Delaware

For detailed information on census tracts and blocks: **http://factfinder.census.gov**

Children in Poverty



Children in Poverty

New Castle County, 2000

Key

Number of children in census block group living below the poverty line.

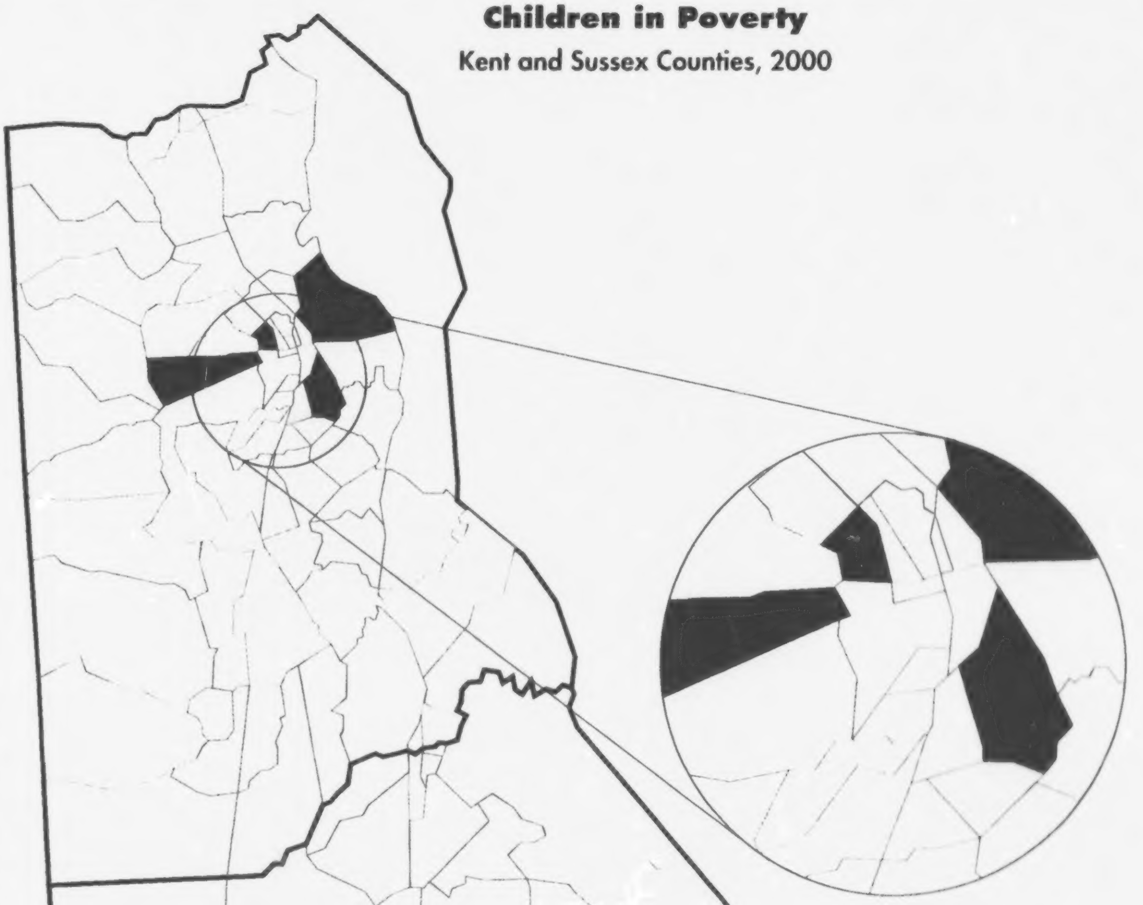
- □ 0 children in poverty
- □ 1–25 children
- ■ 25–100 children
- ■ 101–200 children
- ■ 201–345 children

Source: Center for Applied Demography and Survey Research, University of Delaware

For detailed information on census tracts and blocks: **http://factfinder.census.gov**

Children in Poverty

Kent and Sussex Counties, 2000



Key

Number of children in census block group living below the poverty line.

☐ 0 children in poverty

☐ 1–25 children

☐ 25–100 children

☐ 101–200 children

■ 201–345 children

Source: Center for Applied Demography and Survey Research, University of Delaware

86

kids count INDICATOR

Children in One-Parent Families

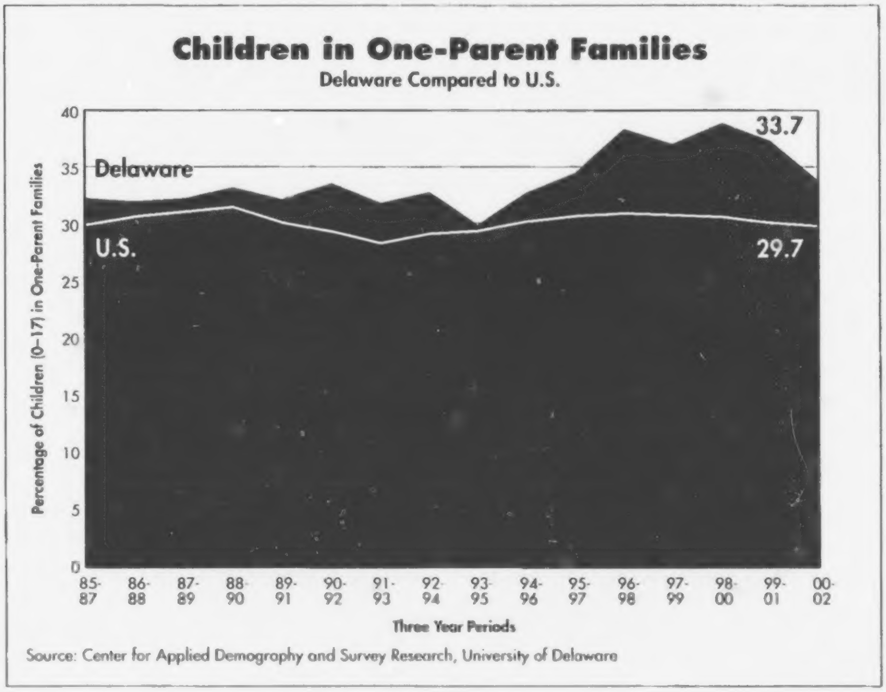
DELAWARE **COMPARED** TO U.S. AVERAGE **WORSE**

RECENT **TREND** IN DELAWARE **GETTING BETTER**

Children who live with one parent are much more likely to be living in poverty than children who live with two parents. When the single parent is a woman, the risk of falling into poverty is greater due to such factors as the wage gap between men and women, limited training and education for higher-wage jobs, and inadequate child support.

Single parent families may exist for many reasons—divorce or separation, death of a parent, or birth or adoption by a single parent. Regardless of the reason, the children of these families share certain characteristics. Most children of single parents do well in the long run. However, recent research suggests that children from one-parent families may suffer some negative effects in the areas of health, educational attainment and assessment, behavior problems and psychological well-being.[1]

[1] Family Structure at http:childtrendsdatabank.org/demo/family/59FamilyStructure.htm



Children in One-Parent Families

Delaware Compared to U.S.

Source: Center for Applied Demography and Survey Research, University of Delaware

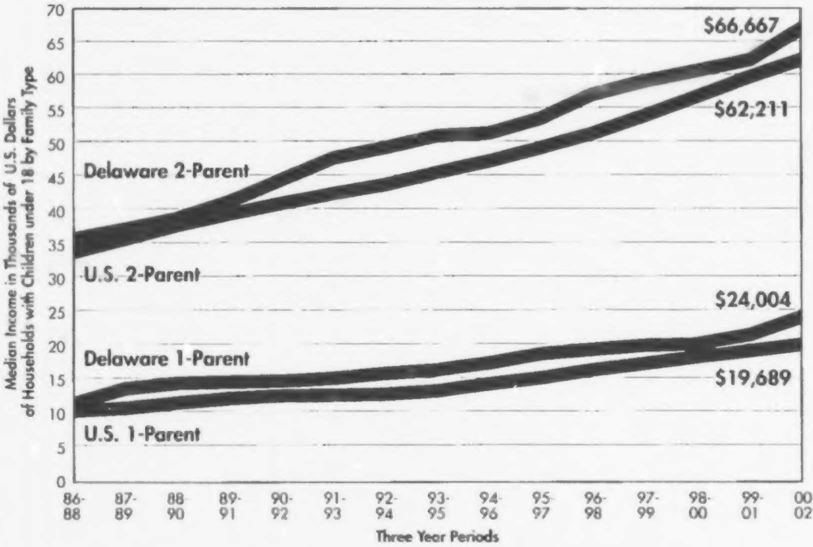
put data into action

Children need and enjoy contact with adults other than their parents; when surrounded by caring adults, children have both security and liberation, a broader base of operation and the freedom to explore a variety of lifestyles and beliefs. Grownups who are involved with children gain a sense of generational completion, an opportunity to influence, protect and defend the young.

- Join an organized single-parent support group such as Parents without Partners.
- Seek out or become a mentoring parent.
- Support intergenerational programs. Encourage seniors to become surrogate grandparents by volunteering in classrooms, reading to children, or "adopting" children in the neighborhood from single-parent families.

Median Income of Families with Children by Family Type

Delaware and U.S.



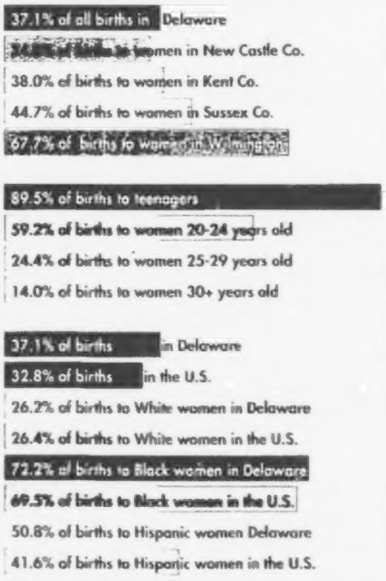
Source: Center for Applied Demography and Survey Research, University of Delaware

Definition:

Children in One-Parent Households – percentage of all families with "own children" under age 18 living in the household, who are headed by a person – male or female – without a spouse present in the home. "Own children" are never-married children under 18 who are related to the householder by birth, marriage, or adoption.

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1996–2000

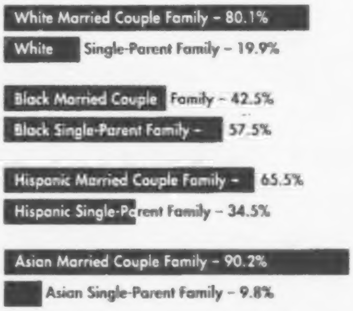


Delaware Average 37.1%

Source: Delaware Health Statistics Center

Living Arrangements for Delaware Children

Own Children in Married-Couple or Single-Parent Families by Race and Hispanic Origin, 2000 Census



Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File

Did you know?

In 2000 about 5% of all children lived in the home of their grandparents. In the majority of these families, however, one or both parents are also present.

BEST COPY AVAILABLE

Children in One-Parent Families

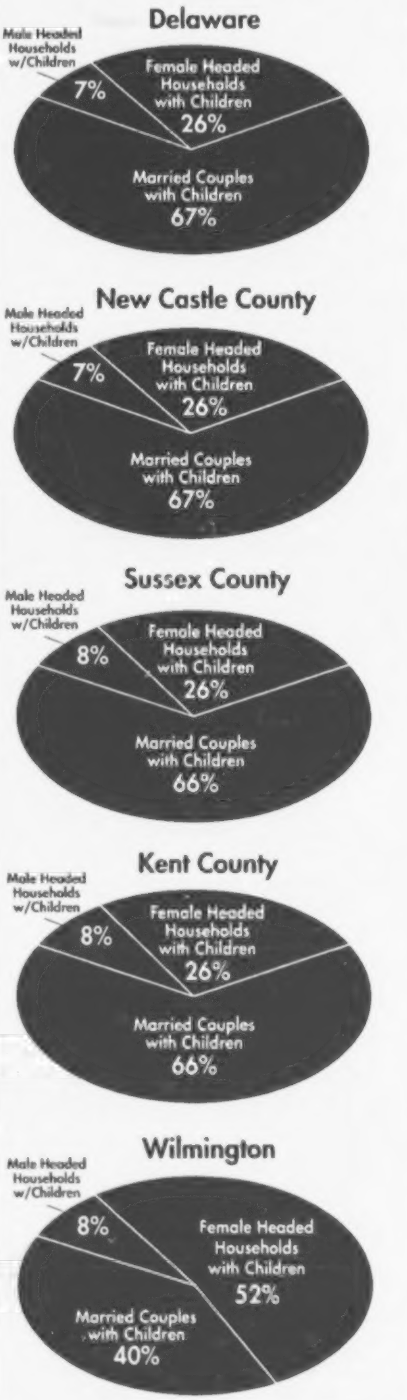
For more information see

Tables 5-6	p. 118
Table 48	p. 145
Tables 52-60	p. 147-151

www.singlerose.com
www.makinglemonade.com
www.parentswithoutpartners.org
www.singlefather.org
www.urban.org
www.promisingpractices.net
www.nationalpartnership.org

Families with Children by Household Structure

2000



Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1

Did you know?

In the 2001 tax-filing year, nearly 12,000 families failed to claim the earned income tax credit losing approximately $20 million in tax credits.

In Delaware 49,000 families claimed $80 million in Earned Income Tax Credits last year. Nationally, 19.3 million families made claims, receiving $32.3 billion in credits. Approximately 80% of eligible families are claiming the tax credit.

A family with two children, earning $12,000 a year in full-time employment, is eligible for a $4,140 tax credit. A family with one child and part-time employment can receive $1,751.

A study by the Brookings Institution found that most families eligible in Delaware are in Wilmington and rural Sussex County. Further, 75% of eligible families knew about the credit, but only 50% studied actually claimed it on their tax returns.

Source: Chalmers, M. (2003,Tuesday, January 7). Low-income families urged to use tax credit: Coalition launches information drive. *News Journal*. pp B1, B2.

put data into action

Earned Income Credit: Extra Money for People Who Work

The Earned Income Credit (EIC) is a special tax benefit for working people who earn low or moderate incomes. Workers who qualify for the EIC and file a federal tax return can get back some or all of the federal income tax that was taken out of their pay during the year. They may also get extra cash back from the IRS. Even workers whose earnings are too small to have paid taxes can get the EIC.

How To Get the EIC

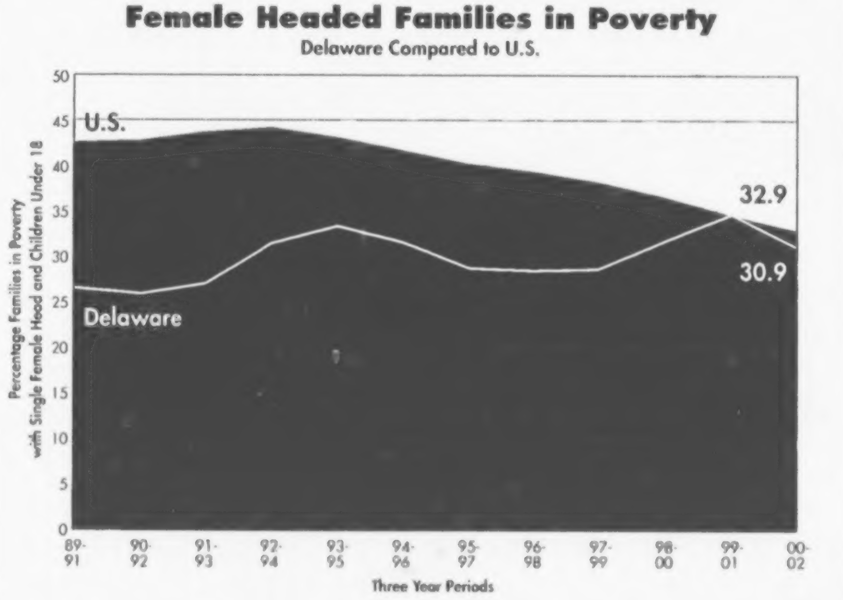
- Workers raising children must file either Form 1040 or 1040A and fill out and attach Schedule EIC. A correct name and Social Security number must be provided for every person listed on the tax return and Schedule EIC.
- For free help contact VITA (Volunteer Income Tax Assistance) through the IRS at 1-800-TAX-1040.

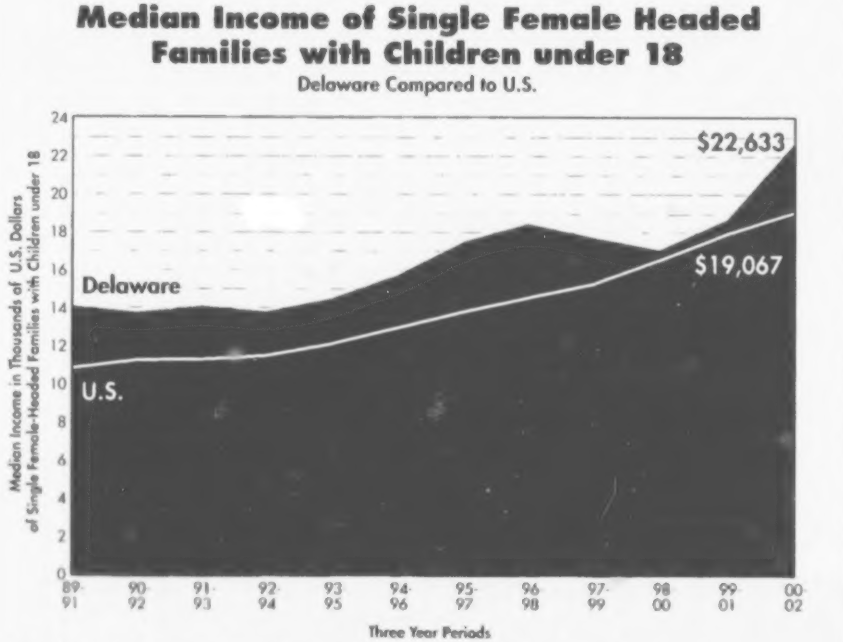
Source: The Earned Income Credit Campaign. Available from: www.cbpp.org/eic2001

Female Headed Families in Poverty

Children who live in a household with one parent, particularly if it is the mother, are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents. In the U.S. in 1999, 8 percent of children in married-couple families were living in poverty, while 42 percent of children in female-headed household were living below the poverty line.

Source: America's Children 2001 Report. Available at: www.childstats.gov





Source for both graphs: Center for Applied Demography and Survey Research, University of Delaware

For more information see

Table 48	p. 145
Tables 51-60	p. 147-151

www.nccp.org
www.childstats.gov
www.nncc.org
www.childadvocacy.org

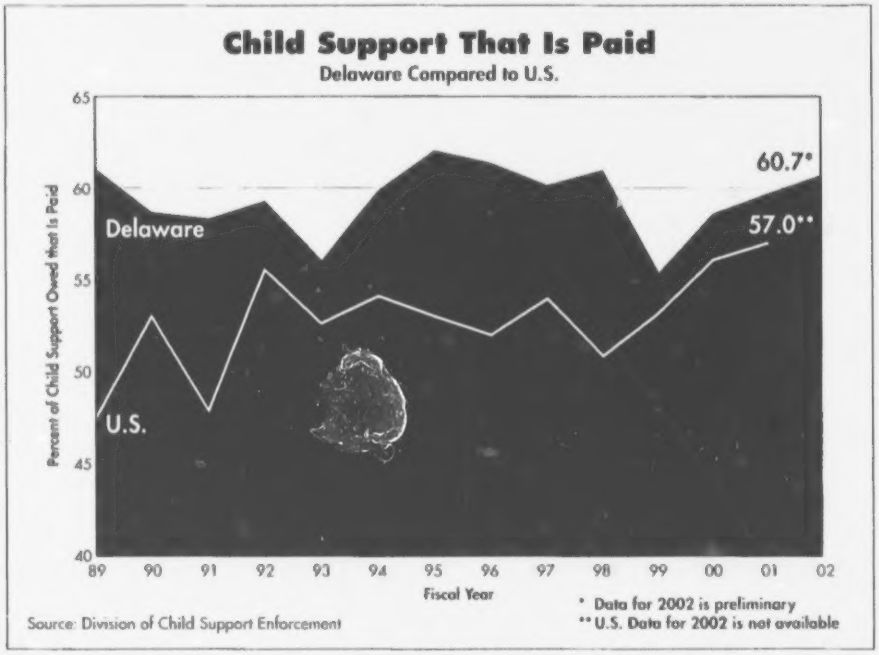
Child Support

DELAWARE COMPARED TO U.S. AVERAGE **SIMILAR**

RECENT TREND IN DELAWARE **ABOUT THE SAME**

Child support is important for the well-being of children because it ensures economic stability for the primary caregiver, which in turn, has a positive effect on the everyday lives of children. Payment of child support is also linked with higher educational attainment, behavior in school, and access to health care. When nonresident parents do pay support, the implications are far-reaching because they are more likely to have a feeling of inclusion in the child's life, be involved in the child's development, and have a positive relationship with the other parent.

Source: Halle, T. (2002). Charting parenthood: A statistical portrait of fathers and mothers in America. *Child Trends.*



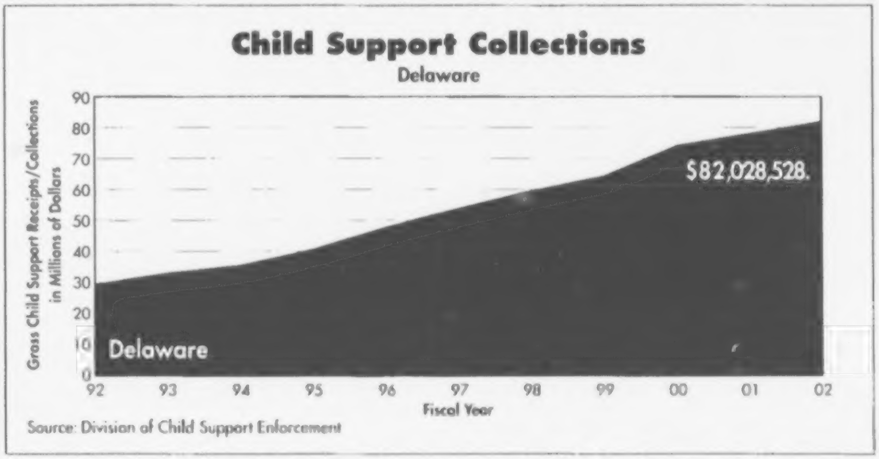
Child Support That Is Paid

Delaware Compared to U.S.

Source: Division of Child Support Enforcement

* Data for 2002 is preliminary

** U.S. Data for 2002 is not available



Child Support Collections

Delaware

Source: Division of Child Support Enforcement

For more information see

Table 61	p. 151

www.acf.dhhs.gov/programs/cse/

www.state.de.us/dhss/dcse/index.html

www.connectforkids.org

Did you know?

- 1/2 of non-poor fathers who owe child support do not pay.
- For each poor father who does not pay child support, there are two non-poor father who do not pay.

Source: Sorenson, E. and Zibman, C. (April 2001). *Poor dads who don't pay child support: Deadbeats or disadvantaged?* Washington D.C.: Urban Institute.

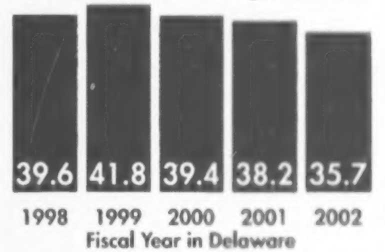
Child Abuse and Neglect

RECENT TREND IN DELAWARE **GETTING BETTER**

Child abuse includes physical, sexual, and emotional abuse, and neglect. Physical abuse is the infliction of physical injury, either with or without the intent to harm. Sexual abuse is said to be one of the most underreported forms of child abuse because of the levels of secrecy generally associated with these cases. Emotional abuse includes psychological or verbal abuse. Child neglect is characterized by failure to provide for a child's basic physical, educational, or emotional needs. It's important to consider differences in cultural values and standards of care when evaluating child neglect. While any of these forms of abuse may be found separately, often they occur together and emotional abuse often accompanies other forms of abuse.

Child Abuse Reports

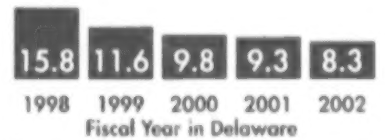
Children with accepted reports of abuse and neglect per 1,000 children ages birth to 17



Source: Delaware Department of Services for Children, Youth and Their Families

Child Abuse & Neglect

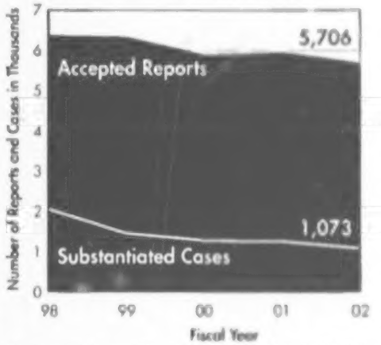
Children with substantiated reports of abuse or neglect per 1,000 children ages birth through 17



Source: Delaware Department of Services for Children, Youth and Their Families

Child Abuse & Neglect

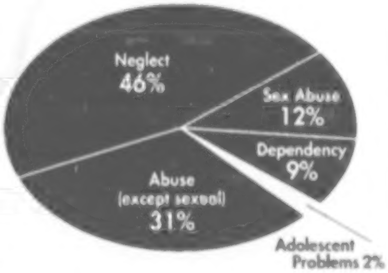
Number of Accepted Reports and Substantiated Cases, Delaware



Source: Delaware Department of Services for Children, Youth and Their Families

Types of Abuse & Neglect

Fiscal Year 2002



Total Substantiated Cases: 1,073

Source: Delaware Department of Services for Children, Youth and Their Families

Did you know?

- Although children age one and under account for 11 percent of all children under age 18, they account for 14 percent of child maltreatment victims in the United States.
- Many studies have shown that warmth in the parent-child relationship is related to positive outcomes for children. Higher self-esteem, better parent-child communication, and fewer psychological and behavior problems have been linked to warmth and affection between parent and child.

Source: www.childtrendsdatabank.org/health/violence/40childmaltreatment.htm

For more information see

Table 18	p. 129
Table 30	p. 134
Table 62	p. 152

www.preventchildabuse.org

www.childtrendsdatabank.org/health/violence/40childmaltreatment.htm

Foster Care

Children in foster care face difficult obstacles as they grow and head toward "aging-out" of the system. For this reason, it is important to address the needs of this population in order to give them the skills needed for a successful life. Children in foster care are more likely to drop out of high school, have mental health problems, use illegal drugs, and become involved in the mental health system.[1] As a result, many aged-out foster children have not been given the opportunities to develop adequate life skills.

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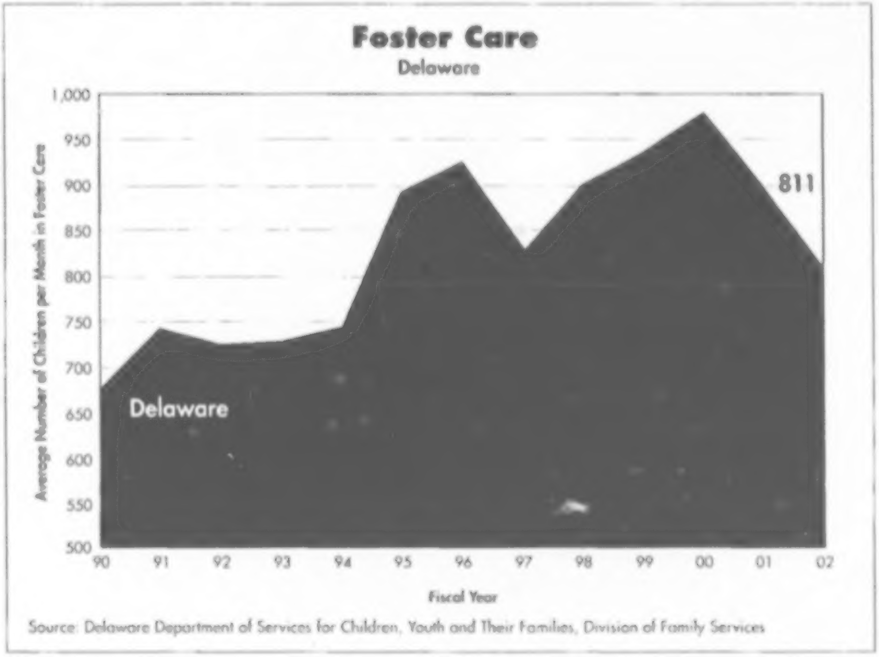
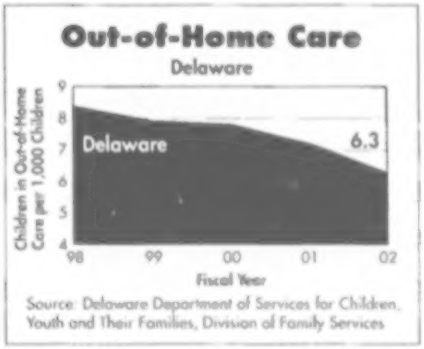
[1] Foster care (2002). Child Trends Data Bank. Accessed: www.childtrendsdatabank.org



Source: Delaware Department of Services for Children, Youth and Their Families, Division of Family Services



Source: Delaware Department of Services for Children, Youth and Their Families, Division of Family Services

Did you know?

- Approximately 75% of Delaware's foster children are considered difficult to place.
- 17% of Delaware's prison population consists of former foster children.
- 45% of Delaware's foster children have had previous out-of-the-home placement before their current foster home.

Source: Foster Care Reform Planning Team. *Foster Care at a Glance.*

put data into action

Foster families are needed for children of all ages and races. Foster parents may be single or married and live in an apartment, mobile home, or house.

To become a foster parent, you must:

- be a Delaware resident who is at least 21 years and under 65 years of age
- participate in 27 hours of Foster PRIDE pre-service training (required of every adult caregiver in your home)
- provide personal references
- complete criminal record check, including fingerprints
- document that your family has sufficient income to meet your needs, independent of foster care payments
- be in good physical health
- complete a home health and safety check

Source: General Foster Care Information. Department of Services for Children, Youth and their Families website. www.state.de.us/kids/foster_home.htm

For more information see

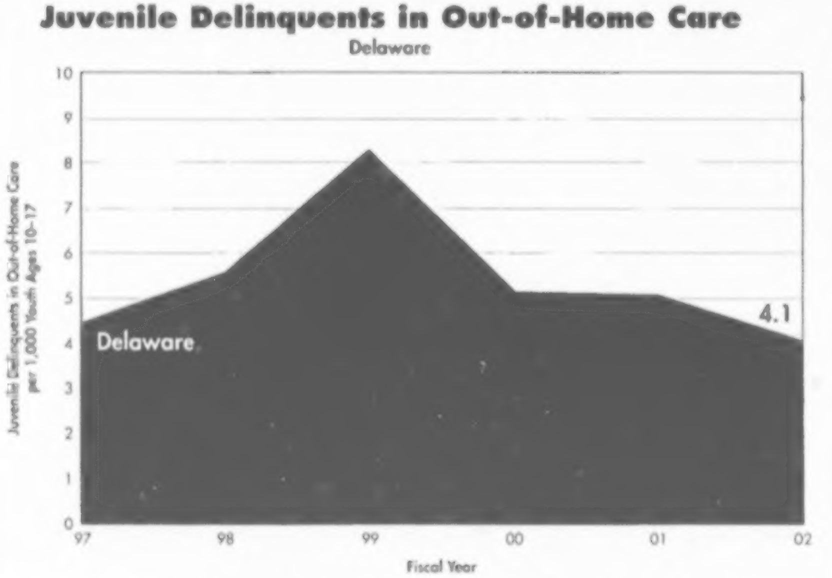
Table 63	p. 152

www.fostercare.org
www.state.de.us/kids/foster_home.htm

Juvenile Delinquents in Out-of-Home Care

Delinquency refers to any illegal act (breaking any federal, state, or local criminal laws) committed by a juvenile. Juveniles can also be considered delinquent for committing status offenses, which are behaviors that are not considered crimes for adults (truancy, running away, drinking alcohol, and others).

Factors contributing to juvenile delinquency include low levels of family warmth and supportiveness, high rates of marital and family discord, ineffective and lax parental discipline, parents' involvement in criminal activities, early childhood aggressive and non-aggressive conduct problems, peer involvement in criminal activities, and poverty.



Juvenile Delinquents in Out-of-Home Care

Delaware

Source: Delaware Department of Services for Children, Youth and Their Families, Division of Family Services

put data into action

In Delaware there are several programs utilized by the state to prevent continuing delinquency by youth on probation or community supervision in lieu of or on return to the community from an out-of-home placement. A few examples are:

- **Project Stay Free:** The Kingswood Community Center Project Stay Free is an intensive supervision program for youth on probation at high risk of re-offending.
- **Back on Track:** This program is contracted through the YMCA Resource Center and is for probation youths at low risk of re-offending and consists of five educational program components and supervised community service projects.
- **Multi-Systematic Therapy Program (MST):** This intensive home-based intervention program focuses on a youth's family, peer, and school relationships to reduce the environmental risks for juveniles at high risk of re-offending.

For more information see

www.cdjj.org

Health Care Coverage

DELAWARE **COMPARED** TO U.S. AVERAGE **BETTER**

RECENT **TREND** IN DELAWARE **GETTING BETTER**

Health care coverage is essential for the well-being of families. Even though Medicaid reaches many people who need basic health care, millions of low-income people, including parents and children, are not covered. In 2001, the number of uninsured Americans, which had fallen in 1999 and 2000, rose by approximately 1.4 million people bringing the number of uninsured Americans to 41.2 million. According to a report distributed by the Center on Budget and Policy Priorities, these increases are due largely to the faltering economy, mounting health care costs, and the erosion of private health insurance coverage.[1]

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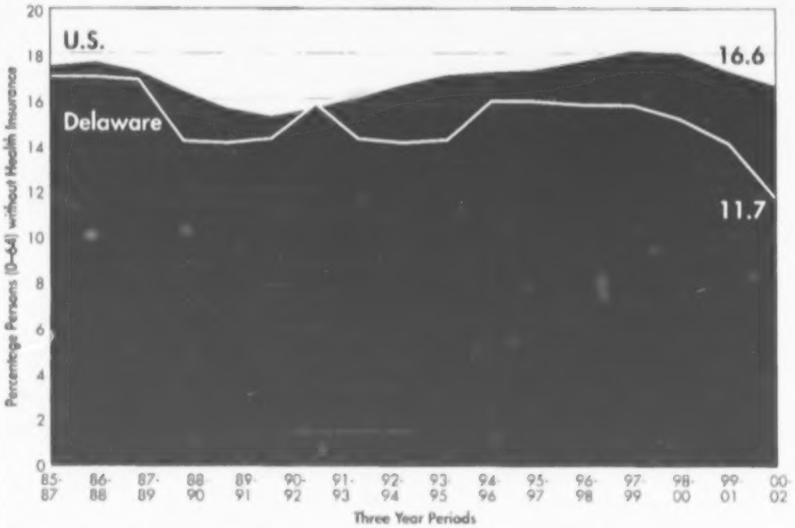
[1] "Template for Health Care Coverage", *The Washington Post*, November 25, 2002

Lack of Health Care Coverage

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

put data into action

In June of 2001, the Delaware Health Care Commission introduced the Uninsured Action Plan. The goal of the Uninsured Action Plan is a "Healthier Delaware Population" (i.e. lower cancer, heart disease, diabetes, AIDS rates).

This plan has two major components
1) Community Health Access Program and
2) State Planning Program.
The CHAP components were created to strengthen and coordinate health services, as well as to promote use of health homes. The State Planning Program's purpose is to increase the proportion of Delawareans with coverage.

Source: Delaware Health Care Commission Report: Uninsured Action Plan

Did you know?

In the United States health insurance premiums are steeply rising and the share of the cost that employees must pay for health care coverage is increasing while benefits are decreasing. Consequently, more employees are choosing not to insure themselves or their families.

Source: "Template for Health Care Coverage", *The Washington Post*, November 25, 2002

For more information see

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Table 64	p. 152

www.familiesusa.org